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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE SUR
L'USAGE DES DROGUES A DES
FINS NON MEDICALES

St. Lawrence Market,
Toronto, Ontario,
October 29, 1970
Day Session.

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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINCS NON MEDICALES

BEFORE:

Gerald LeDain, Chairman,
Ian Campbell, Member,
J. Peter Stein, Member,
H. E. Lehmann, M.D., Member,
Marie-Andree Bertrand, Member,
James J. Moore, Executive Secretary.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

St. Lawrence Market,
Toronto, Ontario,
October 29, 1970,
Day Session.

1 St. Lawrence Market
2 Toronto, Ontario
3 October 29, 1970

4 ---Upon commencing at 9:30 a.m.

5 THE CHAIRMAN: Ladies and gentlemen, I
6 would like to declare this hearing of the Commission of
7 Inquiry into the Non-Medical Use or Drugs open. There may
8 be some people having some difficulty getting here this
9 morning in the wet, but I think I should begin and get
10 my introductory remarks over, because we have a very
11 full schedule of submissions today.

12 I should like first to introduce the
13 members of the Commission who are present today. On my
14 far right, Dean Ian Campbell, Montreal, and on my immediate
15 right, Dr. Heinz Lehmann of Montreal, I am Gerald LeDain,
16 on my left is Mr. James Moore, the Executive Secretary of
17 the Commission, and on Mr. Moore's left is Mr. Peter
18 Stein of Vancouver, a member of the Commission. And the
19 other member of the Commission, Professor Marie-Andree
20 Bertrand is on her way, and she will be here
21 shortly.

22 I should like to say first that we have
23 a long list of submissions, and I think I should read
24 them so that you will have some idea where we are heading
25 during the day. We shall try, as far as possible, to adhere
26 to a schedule of half-hours --- a half-hour for each sub-
27 mission, at least to adhere to that as an average. And I
28 hope that that will give us time to hear the submissions,
29 and to have an opportunity for comment, both by the
30 Commission and others present for discussion.

1 Our procedure at these hearings is to
2 hear the submission, then invite questions or comments
3 from the Commission and others present. There are
4 microphones placed in the aisles for your convenience,
5 and I would be very grateful to you if you would use the
6 microphone, because everything is recorded and it is
7 difficult if we don't speak into the microphones. Let
8 us know if you are having difficulty hearing us at any
9 time. We had originally scheduled this as a hearing for
10 the morning and afternoon. But in view of the number of
11 requests we have had, to appear to make submissions, we
12 have decided that we will have to continue into the
13 evening. We have reserved this hall for the evening.
14 This morning, the schedules submissions are as follows:
15 at 9:30 Dr. Vivian Rakoff of the Clarke Institute of
16 Psychiatry, who testified at our first hearing in Toronto
17 about a year ago. At 10:00 a.m., Inspector Fern Alexander
18 Officer in charge of the Youth Bureau, Toronto Police
19 Department. At 10:30, Dr. David Collins, Toronto Free
20 Youth Clinic. At 11:00, Dr. J. B. Griffin, Canadian
21 Mental Health Association. 11:30, Mr. Dennis Colby.
22 At 12:00 noon, Reverend Gordon Winch and Reverend Gordon
23 Stewart, Board of Evangelism and Social Service of the
24 United Church of Canada. We may have another submission
25 between 12:00 and 1:00 if we can manage it, and we will
26 resume at 2:00 o'clock. Scheduled submission at 2:00 is Rev-
27 erend Phillip Le Blanc, Peel County Task Force on Drugs.
28 At 2:30, Mr. Arthur Whealy, Advocate, this City. 3:00 p.m.
29 Mr. John Varley, President of the Canadian Student Liberals.
30 At 3:30, Miss Kathy Riggall, Canadian Council of Young

1 Drivers. At 4:00 p.m., Mr. Michael Kusner, Mrs. Claire
2 McLaughlin, Gary Goldthorpe, James Conrad of the Toronto
3 and District Liberal Association. At 4:50, Mr . Andrew
4 --- A. Andrew appearing as an individual
5 to speak on the activities of spectrums and innovated
6 service groups sponsored by the Addiction Research
7 Foundation of Ontario. At 5:00, Professor Steven
8 Clarkson, at 5:30, Dr. Angus McDonald of the Clarke
9 Institute of Psychiatry. At 6:00, Mrs. Phyllis Evans.
10 At 8:00 p.m. --- we will resume at 8:00 p.m. in the
11 evening, and scheduled at 8:00 p.m. is Mr. Douglas Jure
12 President of the Ontario Progressive Conservative Student
13 Association. At 8:30, Dr. Saul Levine, staff psychia-
14 trist, Hospital for Sick Children. 8:45, Mr. Alexander
15 McAlister.

16 And then there may be some others.

17 Well, we are waiting for Dr. Vivian
18 Rakoff who is scheduled for 9:30. He is presumably on
19 his way, but I will just say a few words by way of
20 background about our appointment, and our terms of
21 reference. And our present stage of our work. We were
22 appointed on May 29th of last year by the Federal
23 Government as an independent commission under Part 1
24 of the Inquiries Act, and we were asked to look into
25 three things; the effects of non-medical use of psychotropic
26 substances; the extent and patterns of such use; and the
27 causes of such use, as well as what you might call ---
28 a social context, its social significance. In other words,
29 we try to place it in some perspective. And on the basis
30 of our findings on these three aspects of the Inquiry, to

1 make recommendations to the Federal Government as to
2 what it can do alone, or with other levels of Government,
3 that is Provincial and Municipal, to reduce and adhere
4 to the words of the terms of reference, to adhere to the
5 terms involved in such use. We are required by our terms
6 of reference to make an interim report after having
7 spent some six months of inquiry, and we have made that
8 report as you all probably know. It was made public,
9 tabled last June. And we thank response to that report,
10 of course. We are interested in your reactions to it,
11 and any comments, critical advice you can give us about
12 it. Our purpose in that report was to try to disclose
13 to the Government and the people at this time, our
14 preliminary findings and recommendations, to disclose our
15 perspective at this time --- our general approach to the
16 subject --- what we conceive to be the issues and the
17 relationship, and also to indicate the matters we are
18 going to investigate further, and as a result we needed
19 further investigation and study and reflection before
20 expressing our views. And one such matter, of course,
21 we did say something about it in the interim report, and
22 it identifies some of the issues in a preliminary way,
23 but one such matter was the whole question of treatment
24 which we felt we had to give much more study to before
25 we could pronounce ourselves on some of the major
26 issues, including the whole idea of compulsory treatment.
27 Whether it is appropriate, what may be expected from it,
28 and so on. So that we are --- in this last round of
29 our public hearings before we work on our final report,
30 which is expected by the end of May this year, we seek, as

1 I say, constructive comment on the interim report and
2 we also hope to get a sense of where the phenomena is
3 now. What has happened in the interval since we were
4 last here, what do you think has happened to non-medical
5 drug use, what changes have taken place if any, and the
6 patterns of use, attitudes toward it, and the response
7 of the community in response of various agencies, law,
8 treatment, innovative services, and so on. And then
9 also, of course, to get the benefit of any new views
10 which you have on the subject, particularly in respect
11 to points which we haven't developed very fully yet.

12 I suppose one might sum up our search,
13 as a search for a wise social policy on this subject.
14 And this in our mind includes not just how these areas
15 may involve social response, like law and education, what
16 treatment may do, but also what we as individuals may do.
17 What other initiatives of the individual or an institu-
18 tional character can we take to correct things that are
19 wrong in our social conditions, or our personal relations
20 today which are condusive to non-medical drug use? So
21 it is --- we hope by this further contact with members
22 of the public, and people having a particular interest
23 in this subject, that we will get a better sense of what
24 you think we can do. What is feasible for our society,
25 what are the limits --- possibilities and limitations of
26 the various responses open to us as a society?

27 I think we may pass then to --- to the
28 submission that is scheduled --- originally scheduled
29 for 10:00. Is Inspector Fern Alexander here? I think
30 there is a table here, Inspector, if you would be kind

1 enough to --- I see Dr. Rakoff has just arrived, but it
2 is all right, I would like you --- Dr. Rakoff, would you
3 mind giving your place to Inspector Alexander and we
4 will hear you second?

5 DR. RAKOFF: Yes.

6 INSPECTOR ALEXANDER: Mr. Chairman, I only
7 regret that I had such a short time in order to prepare
8 for this. But there are a few things that I would like
9 to say about drugs, and children. And you must understand
10 that our responsibility in the Police Department in
11 Metro in our particular unit is the under sixteen boy or
12 girl. And in dealing with these children, we are
13 governed by the philosophy as laid down in the Juvenile
14 Delinquency Act which says that a child that commits an
15 offense will not be treated as an offender, or criminal,
16 but as one in need of aid, assistance, supervision or
17 whatever kind of help he needs.

18 And I see no reason to separate the
19 supposed delinquency involved in drug use from other
20 types of delinquency.

21 The Youth Bureau follows the philosophy
22 as laid down in the Delinquency Act for dealing with
23 juveniles, and as a result of this we not only look at
24 the offense, but we take a very close look at the
25 offender. And our officers enlist the support and
26 cooperation of other people who know the child, and know
27 the family situation before we reach decisions on the
28 disposition of any given offense, including those of
29 drugs.

30 As a result of this policy, we found it

1 necessary here in Toronto to lay charges, actually, in
2 about 25% of the delinquencies committed. Now, something
3 must happen to the other 75%, and this becomes a problem
4 for all of our officers in trying to get the kind of
5 help a child needs, and to get it now.

6 We found ourselves very much in the same
7 position as a Juvenile Court Judge. We don't like to
8 charge a child if we can find some other way of solving
9 his problems, in the same way that a Judge does not
10 like to send a child to Training School, if there is a
11 resource in the community that he can use as an
12 alternative. The Juvenile Delinquency Act gives the
13 Juvenile Court Judge almost unlimited discretionary
14 powers of disposal of a child offender, really only
15 limited by two things, his own imagination, and the
16 availability of resources in the community to meet the
17 child's needs. And I think any Judge would tell you
18 that he is seldom frustrated by the former, but very
19 often by the latter. I am not sure --- and perhaps
20 you learned gentlemen will know --- but I have no idea
21 what the extent of the drug use among juveniles is in
22 the Metro area. And I don't think anyone does. Our
23 statistics are only a barometer of how it's going. And
24 comparison of these figures between 1969 and 1970 for
25 instance, show some increase in the use of drugs, and
26 the type of drug is not specified. From '69 to 1970
27 with an accompanying small increase in trafficking among
28 the juvenile age. Our major concern, it would appear,
29 would seem to be the area of solvent sniffing which I
30 tend to consider as of equal importance to any other type

1 of drug, and we are talking about children. And the
2 instance of solvent sniffing is, we think, quite high.
3 And I think what affects our statistics in determining
4 what we know precisely to be the use of drugs among
5 juveniles is the fact that very many of the children
6 who have drugs as a problem in their background, are
7 showing up statistically as having committed some other
8 type of offense. But all of our officers, and our
9 court people, are saying with a shake of their heads
10 how very many children who appear before the court ---
11 how many of the children our people deal with have
12 somewhere a drug problem in the background. Real, or
13 imaginary. But we have a great many parents expressing
14 concern. Some children we know are using narcotics of
15 various kinds. But these kids are committing other
16 offenses. Perhaps --- and there is some indication that
17 under the influence of solvents, for instance, the kids
18 are doing things that they normally would not do. Whether
19 this is a direct result of the use of it, or whether
20 they become frustrated at school and so on because of
21 poor achievement, perhaps, I am not sure. However, I
22 think it is safe to say that the incidence of drugs ---
23 drug use and again I include solvents, and I would like
24 you to remember that, is increasing and is becoming of
25 increasing concern, not only to us but to the courts as
26 well.

27 A pattern seems to be developing here
28 in Toronto, of use of marijuana and other types of
29 drugs, among suburban children. And the use of solvents
30 is peculiar to the downtown sector. And perhaps can be

1 related to the economics involved in the one situation,
2 or the other. Solvents are very easy to come by, they
3 can be stolen without too much trouble, and if you have
4 a few cents it's very easy to buy. Other types of drugs
5 are perhaps beyond the economic capabilities of the
6 inner city child, or many of them. Speaking generally,
7 there are two easily identifiable elements present in
8 the lives of the children who appear before Juvenile
9 Court. One of them is --- and I guess whoever really
10 determines the causes of delinquency should be presented
11 the Nobel Prize of something --- but two recurring themes
12 are evident. Domestic upset in the home. Parents who
13 argue and fight, who don't get along, who can't get
14 together on the question between what the children will
15 and will not do. The other thing that shows up consis-
16 tently, is the business of too little, or too much
17 attention. And one can be as bad as the other--- of
18 course, coupled with those any of of 10,000 other reasons
19 that kids do things that kids do. Generally, any of
20 these causes can produce in a child an act of security
21 or a sense of security, and remove whatever kind of
22 predictability he needs in order to live comfortably
23 with himself and his home. And he responds to threats
24 to his security by acting out in a variety of ways. Or,
25 developing a very serious emotional disturbance. One
26 way of acting out, or responding to the problems that
27 a child has, could be drug use. And there is evidence
28 that this is so. Where other children may run away,
29 some become cases for a psychiatrist. Some I am certain
30 turn to one form of drug or another. Generally, our

1 children seem to fall into three categories. The first
2 are the nice secure kids who have all the love and so on
3 at home and all the support they need. And many of these
4 children of course --- most of them I suppose, it would
5 never occur to them to even try a drug. In the middle
6 of the spectrum you find a group of experimenters, and I
7 guess we all experimented with this at one time or
8 another. I don't worry too much about them, except where
9 you have a child who also depends very heavily on his
10 peer group for his security. And he may get led into
11 drug use, or some other form of unacceptable "behaviour"
12 as a result of it. But at the other end, you have a
13 group of children who, because of very serious social,
14 emotional problems actually use drugs as a crutch. And
15 it becomes as necessary to them as alcohol to the
16 alcoholic. And these are the kids that we worry about.
17 One point I would like to make, in the age group that we
18 deal with, we find very, very little evidence, if any,
19 that the younger age group uses drugs as a means of
20 expressing their displeasure with the establishment. Or,
21 as a means of rebellion against laws which they think are
22 unfair. This may come later, but in the age group that
23 concerns us, we find very little evidence that this
24 determines in any way whether they will or will not use
25 drugs.

26 However, as I said, there is some
27 evidence that children under the influence of solvents
28 particularly, are doing things which society finds un-
29 acceptable perhaps under the influence, or because of
30 solvent sniffing. And I have heard several people express

1 this concern. Our officers have expressed this concern,
2 parents have expressed it, and so does the court. I hope
3 that I have up to now made my remarks clear enough. But
4 you will understand then how our unit in dealing with
5 the juvenile thinks of drug use including solvent sniffing,
6 among the juvenile age as the symptoms of far more
7 complex than simple emotional problems, and we believe
8 that how you handle this problem is more a social and
9 medical problem, rather than an enforcement one. In
10 times, we do what we can about the situation. There are as
11 I mentioned great gaps in the service available to the
12 community, to the court in trying to do what is the best
13 thing for a child. And the first, I suppose, is the
14 ignorance of parents about drugs, providing that
15 information they can depend upon has been correct, and
16 where to go for help, and even if they find that source
17 of help, it may be beyond the capacity of the organization
18 to provide it. I am reminded of the Senate Report in
19 mentioning the next thing that I suppose is of more
20 concern to us as Police Officers and through the courts,
21 and that is the tremendous inadequacy of community
22 resources to help the children who have problems. Our
23 social agencies are strapped by lack of proper facilities,
24 lack of staff. The courts are short of everything, from
25 detention facilities to sufficient probation officers.
26 We need more group homes, we need psychiatric facilities.
27 And sometimes we need institutional care which is not
28 available. The Juvenile Delinquents Act also gives the
29 court the authority to get help for a child the parents
30 can't or won't provide. But the court is being forced

1 into doing a job inadequately as well, because of
2 community resources not being available to them. I am
3 told here, and from personal experiences of our staff
4 that even though a psychiatric assessment of a child with
5 a serious problem is nearly always readily available, that
6 treatment in such cases may take four to six months to
7 even begin. And this is a long time in the life of a
8 child.

9 Besides, in that time, a lot can happen
10 to the motivation. It would seem then that we need,
11 perhaps, more than anything, solid, reliable, well researched,
12 believable information about drugs. We don't have it.
13 A lot of people from a variety of sources, I suppose,
14 think they have, but I would like to see something that
15 both kids and parents can believe as gospel. And of
16 course, the second, and equally as important as the
17 education of all concerned, then, is the community resource
18 to back up --- back up parents, to back up schools, to
19 back up community agencies, and to back up the court. To
20 back us up, if you like. So that help for children in
21 trouble, whether it's from drugs or anything else, can be
22 made available to them. And made so available that we
23 will have the very best to offer the child, not be
24 constantly frustrated by resorting to second, third, and
25 fourth choices in the treatment of children. I think if
26 we do this for kids, it will not only lessen our concern
27 for the drug problem, but for other difficulties that
28 children have, as well. One that I am quite sure cannot
29 be separated from the other. Thank you very much.

30 THE CHAIRMAN: Thank you very much,

1 Inspector. Would you like to stay there and answer some
2 questions. Thank you. Are there any questions or
3 observations from the panel? Dr. Lehmann?

4 DR. LEHMANN: I should like to ask one
5 simple question, because the problems you outline so very
6 well are of course extremely complex. But one question
7 you did ask, or one thing you said you need is to have
8 reliable information for both the kids and the parents,
9 and it's still wanting. Now in our interim report,
10 Chapter 2 ,we have about 100 pages or so which gives in
11 a very quite comprehensive way the up to date and
12 most readily available information and any and all, or
13 for that matter/adolescent with normal intelligence can
14 become really an expert on all these questions in
15 the space of one Sunday morning reading. Now, what's
16 wrong with parents reading these on Sunday morning and
17 becoming expert on it?

18 INSPECTOR ALEXANDER: Sometimes you have
19 to put things like this under the nose of the parents to
20 get him to know (a) that it's available, and (b) to read
21 it. Our people have been in almost 20,000 homes here
22 in Toronto so far this year talking to children, and not
23 once have they seen the LeDain Report, or the Chapter
24 that you refer to in the living room.

25 DR. LEHMANN: Well, have these officers
26 read it?

27 INSPECTOR ALEXANDER: Many of them have,
28 yes.

29 DR. LEHMANN: Is the question of not
30 availability but motivation for people who want to get

1 the information?

2 INSPECTOR ALEXANDER: Well I don't know
3 how you do that, unless you mail it to them all
4 personally.

5 MR. STEIN: Is it your opinion that
6 are
7 existing statutes/for the protection of the --- the needs
8 as they develop around drug use, excessive drug use? In
9 other words, do you feel there is a necessity for any
10 change in the existing statutes for the protection of
11 juveniles?

12 INSPECTOR ALEXANDER: Yes, yes.

13 MR. STEIN: I realize that's a very large
14 question. What general reservations do you have about
15 the existing statutes?

16 INSPECTOR ALEXANDER: I suppose the
17 greatest drawback, is the evident one and just off the
18 top of my head, is in the Child Welfare Act, which I
19 hasten to add is a very good piece of legislation as far
20 as it goes. But in trying to do a job for a child, you
21 have to be able to hold him somewhere long enough to at
22 least determine what his needs are and to make plans for
23 him. Now the Child Welfare Act in Ontario, for instance,
24 makes --- or provides for all kinds of offenses for
25 parents. But absolutely none for children. Now, if that
26 sounds harsh, it's only because a child who cannot be
27 charged under any other kind of legislation, neither
28 will the Child Welfare Act then pick up where he is
29 perhaps responding to a situation where he needs a
30 narcotic runway for instance, where he uses narcotics
or he is doing something else that is not good for him,

1 perhaps. But there is nothing there. If you haven't
2 got the cooperation or the interest from the parent,
3 there is nothing you can do for the child unless you can
4 prove that he is a child in need of protection. Of
5 course this falls in --- I suppose is a good example of
6 this. Some of our Judges at the court, one or two have
7 used Section 218 in order to get the child some kind of
8 medical or psychiatric assistance for a problem like
9 this. But there is nothing under Child Welfare Act
10 that we could use instead of, because I am quite sure
11 the Judges would have found it by now. So the alternate
12 method suggests ---

13 MR. STEIN: Let me be sure I understand
14 you. You are saying if the child is outside of his
15 home for example, and is not receiving any care from
16 the family, he is on the streets, that there is --- that
17 this in itself doesn't constitute a situation in which
18 the Child Welfare authorities can ---

19 INSPECTOR ALEXANDER: If you can show a
20 child who has not committed an offense which would mean
21 that you could detain him, or put him in a place of
22 detention where you must have a charge to get him in in
23 the first place, there is no way that we can hold that
24 child long enough for protection people to make a plan
25 for him.

26 MR. STEIN: If you say even if he is
27 using narcotics, now if you were using narcotics, would
28 this not be ---

29 INSPECTOR ALEXANDER: Yes, but you need
30 to find the narcotic, don't you?

1 MR. STEIN: Well let me ask one other
2 question on the same point. In Ontario, if the youngster
3 presents himself, if he is under sixteen, to one of the
4 numerous youth services that I know exist in this City,
5 and is seeking some kind of assistance be it for drugs or
6 just general consultation about his present state of
7 affairs. If the child is under sixteen, is there not a
8 requirement that there be a contact made by the author-
9 ities of the youth service with either the Child Welfare
10 Agencies, or attempt to contact the parents?

11 INSPECTOR ALEXANDER: Yes, yes.

12 MR. STEIN: Is there not some legislation
13 --- well what is the legislation? In that situation, a
14 child is just away on his own, he hasn't done anything,
15 presumably he has presented himself for help, and he is
16 under sixteen. I have been told ---

17 INSPECTOR ALEXANDER: The kind of child
18 you described that presents himself for help is no
19 problem.

20 MR. STEIN: What is the legislation which
21 we have been told by persons running these centres, that
22 they have to be concerned with. In other words, their
23 concern usually is that the legislation may be an
24 impediment to the individual seeking help.

25 INSPECTOR ALEXANDER: Possibly you may be
26 referring to --- if I read you correctly, to the kind of
27 kid who will not or cannot live at home for a variety of
28 reasons. But the parent has not given anyone else
29 permission to help the child, and the child is a legal
30 responsibility of the parent. And if the parent is willing

1 to assume this responsibility, then anyone who deliberately
2 keeps the child away, or something like that, he can be
3 subject to prosecution for harm. Now this can sometimes
4 happen. You need to enlist the support of the parent,
5 in other words for the child to avail himself completely
6 of this kind of service. And many times this happens,
7 you know, where they do have the parents' consent for
8 this kind of thing. The kind of child that I am concerned
9 about is the one who doesn't know, or won't admit that he
10 needs help, and he's just --- you know, blind because he
11 would no more present himself to assistance than ---

12 MR. STEIN: But if the parents in that
13 case, presumably, wanted some assistance and they said ---
14 and they presented themselves to the authorities and
15 said, "Look, Joe is beyond our control, we can't any
16 longer --- we just aren't able to control", well I
17 suppose that's a terminology you have to be familiar
18 with in the law, but "he's no longer living at home, and
19 we are concerned about it as his parents". Is that ---
20 what I'm trying to get is the scope of the existing
21 legislation. And in that kind of case, would not be
22 the Welfare Authorities be empowered to assume responsi-
23 bility if they were given that kind of request by the
24 parents? The parents in effect say, "Look, we just don't
25 seem to be able to handle this."

26 INSPECTOR ALEXANDER: There used to be a
27 Juvenile Act which I am sure you will know, a section
28 called Management, where parents could use this kind of
29 thing to get help or through the court usually in this
30 case to do this. This section was removed. And the only

1 replacement that I can find in the legislation is a
2 section under the Secondary Schools Act where the Judge
3 is very limited in what he can do under the Training
4 Schools Act in a situation like this, where a parent
5 makes an application. The only way around if he wants
6 to make a charge that this child is in fact --- the only
7 alternative he has **is** to send him to Training School.
8 All the other authority under the Juvenile Delinquency
9 Act are not available to him.

10 MR. STEIN: That specifically was ---
11 yes, I was trying to find out whether there was this or
12 not, I didn't realize the section on Management was
13 removed.

14 INSPECTOR ALEXANDER: Well, it's been
15 taken out, and the fact that Section 8 of the Training
16 School Act was so restricting as far as what the Judge
17 could do to avoid sending the child to Training School
18 under the circumstances, his only alternative is of
19 course to adjourn for a certain time and see how the
20 child responds to something else. But then he has to
21 come back and if he's not, well, "fine" then the traditional
22 means of using any other course of treatment like
23 probation or things like that/under the Training Schools
24 Act.

25 THE CHAIRMAN: Thank you, Inspector
26 Alexander, we can spend a long time with you in getting
27 the benefit of your experience, and this is true of the
28 others on our long list today. And I hope you may have
29 a further opportunity to talk to youth and take up some
30 of these points. We understand fully your experience, but

1 I think perhaps I will have to conclude here and call
2 the next submission. Thank you very much for your
3 assistance today.

4 Dr. Rakoff?

5 DR. RAKOFF: My apologies for ---

6 THE CHAIRMAN: It is not necessary.

7 DR. RAKOFF: I found myself wandering like
8 a trained dog in St. Lawrence Hall, in the Market. Again,
9 my apologies for the brevity of my comments on the report.
10 I think you probably realize that some of us had followed
11 it up about two days ago, and my remarks might not do justice
12 to the remarkably comprehensive and lucid report which
13 the Commission has already produced. However, there
14 are certain points which I would like to make in the
15 nature of a response to what has already been written,
16 rather than to repeat any previous submission here. And
17 the response that I wish to make is in one particular
18 area. And perhaps, to elaborate from this, to some
19 potential -angers in the well meaning future legislation,
20 or even well meaning present attitudes. I would like
21 to begin by saying that I support with as much conviction
22 as I can command, the dissenting paragraph of Dr. Bertrand
23 at the end of the Commission's statement as it stands.
24 She specifically suggests that there be no legal penalty
25 for the possession of marijuana. And since I last
26 appeared before this Commission, I have lost another
27 shred of my innocence, because I have become aware in a
28 way that I never was before, of how widespread possession
29 and use of marijuana is amongst people whom I know. And
30 I don't know, I sometimes regret that I don't know, but

I certainly don't know of any rashish or adventurous or marginal section of the community. And my contacts tend to be among straight, square, as you call them, middle class professionals and academics mainly. And it is a sort of mildly dangerous chique around at the moment, and everyone offers you a little pot with a giggle, and one often wanders into parties of people who really are as non-delinquent I suppose as anybody can be, whose delinquence really consists of trying to cheat the Government on taxes, and they are all smoking marijuana.

And I think to give support to provisions within the law, that every day turns many people into potential criminals is, I think, in terms of ordinary jurisprudence, not desirable, but there is a further degree of social inequity in this. This class of respectable, solid citizens who bear few of the outward signs of social protest, or social ruthlessness, are rarely brought before the courts. In fact, I have to read of one. Whereas those carry like a banner all the signs of their marginality about them, whether it be a beard that's really a beard, or hair that's really hair, or many, many of the other things that go with it, they do land up in court. And I'm certain that it is not the intention of the law, and I'm certain it isn't the intention of this Commission to suggest to any future legislators that there may be a tremendous social distinction between the applications of laws to different sections of the population.

Now, I would like to move forward from this to the problem of making distinctions. And here

I think one must endorse with respect, the Commission's recommendation for the removal of marijuana from the general category of dangerous drugs of one sort or the other into its own special item. Now, while this makes sense in where one places the drugs in terms of legal responsibility, in its recommendations, and perhaps I am at fault here for not reading them correctly, or thoroughly enough, I have the impression that the Commission fails to differentiate sufficiently between the so-called hard and soft drugs, and future legislation. And that the question of those drugs which are undeniably harmful in society has to be kept separate, I think from those drugs which are not as immediately harmful, or which consequences for disaster are not so immediately apparent to the user. Long term disaster might apply to many things that we don't know about anyways, and I was particularly concerned in the lucid and, in this field, intelligent discretion of the right of Government to intrude into these liberties of the individual subject. In fact, emphasizing that we do not live in a society that allows citizens to go to hell in their own way. But my concern derives partly from what I feel to be a lack of emphasis rather than perhaps a lack of actual distinction within the Commission's report, and from a lecture that I happened to hear this week by a compelling, magical speaker in the University of Toronto Verdigo 70 Teaching on Drugs. And this particular respected commentator on the drug scene performed a series of moves which I suspect might be implicit in any future attitudes towards drugs, if distinctions between categories of

1 drugs and categories of potential harm are not maintained
2 and emphasized. He started off by emphasizing, as you
3 do in your report, that we live in a society in which
4 drug taking and drug use, whether it be for food
5 preservatives or sleeping pills, or adequate and potent
6 care in medical cases, are deemed to be necessary in
7 good adjunctive civilized life. But essentially he uses
8 this then to move into a position of, "You
9 see, you are all the same". So that the people who
10 spend some time at a cocktail party or a nervous
11 cigarette smoker is suddenly shoved into the same
12 character, the same class of behaviour as widely delin-
13 quent heroin taking, and possible death seeking in
14 marginal areas in the City. And then he performs two
15 curious dialectical moods. And I think historically
16 moving --- historically speaking these dialectical moods
17 are implicit within the whole present situation. The
18 one move which might result from lumping all drugs together
19 and all euphorias and all sedatives and all pain relievers
20 into one bag is in the direction of way out freedom.
21 You can take what you like. Now, this might represent
22 someone's potential Utopia but I think given the social
23 realities of our situation, such a move is hardly likely.;
24 that even if there were a revolutionary change in the
25 ordinary way of governing that we have in the country at
26 this present moment, I doubt if what succeeds, unless is
27 was utterly careless which is not likely ---
28 in fact it is most unlikely for a wide open drug market
29 to be developed. And in the same gentleman's liberal
30 and challenging speech was the very other dangerous

1 potential which is that if all drugs, and all things that
2 are assumed on this level are lumped together, then
3 the next move is to move towards a general tyrannical
4 prohibition within the society not only against those
5 things which we recognize as actually dangerous, or
6 suspect might be dangerous, but in the direction of even
7 those mild escapes which seem to be a necessary part of
8 most people's existence in a complex world. And that
9 the curious phenomenon exists of extremely liberal
10 attitudes on the one hand, which before one looks around
11 carries within them prohibitions of a massiveness that
12 would have made Mrs. Grundy wince. And that I strongly
13 suspect, not only on grounds of (inaudible) but on grounds
14 of general viewing of social scenes, that many demands
15 for great love and great liberties conceal in fact
16 demands for extreme denial of rights. Thank you.

17 THE CHAIRMAN: Thank you very much, Dr.
18 Rakoff. I should like to take up your point about
19 distinctions, or the lack of ,what you suggested was the
20 lack of sufficient emphasis in the report on the dis-
21 tinctions, to get further insight into your --- into
22 your view as to the role of law in relation to use,
23 its effect on use. In the report, we do attempt to
24 disclose our assumptions concerning the effects of drugs,
25 mainly in Chapter 2. And there I guess we are attempting
26 to draw the distinctions as well as we can. Now, part of
27 the report to which you --- I think you are probably
28 referring, is that which contains the recommendations
29 concerning the law on simple possession for use. And it
30 is true that those recommendations and in particular the

1 recommendation that there be no imprisonment for use of
2 any kind, that is made without regard to potential for
3 harm. At that point. Rightly or wrongly, that is the
4 basis of that recommendation. In other words, we say we
5 do not believe that imprisonment is a justified sound
6 social policy for use, any non-medical use, as a regard
7 to potential for harm. Now we do of course also raise a
8 question about the whole utility, or appropriateness of
9 prohibition against simple possession. Now, --- what do
10 you feel should be the role of the law with regard to
11 simple possession for use, and having regard to potential
12 for harm?

13 DR. RAKOFF: As you say, Mr. Chairman,
14 this is precisely the point to which I am directing my
15 comment. I have concern like many people and I have no
16 real solution like many people. However, I notice that
17 you use the word imprisonment as being the necessary
18 consequence of some legal prohibition. And I think that
19 the law certainly here has established that it has other
of,
20 forms/if you like, coercive detention other than that
21 which we call imprisonment. And I am extremely concerned
22 with the possible setting up, under legal duress, of
23 therapeutic possibilities, if you like, of farms, of
24 half-way houses, of hostels, each of which can have a
25 measure of surveillance which is graduated according to
26 the needs of the possessor. I realize that the unwilling
27 subject for therapy is not very likely to get much help.
28 And yet, at the present moment one has to use, if you
29 like, the technology that we do have and to administer
30 at least to the person the possibility of a therapeutic

1 encounter. And I think if there is no penalty attached
2 to possession, which means no, if you like, enforced
3 encouragement towards cure, then many people can be left
4 with a drug habit out of a large number of reasons which
5 are hard to define. Simply to elaborate this even for
6 just one moment: An embarrassment, a shame, a reluctance
7 because of working conditions, to enter into an appropriate
8 therapeutic area which may or may not be of help. But
9 at the present moment, that's all we have, and to deny
10 them that under some blanket law is, I think, a failure
11 to make an appropriate distinction.

12 MR. STEIN: What would you suggest if not
13 imprisonment?

14 DR. LEHMANN: May I ask a question in
15 between? Did you not --- would you definitely rule out
16 imprisonment, let's say for heroin possession?

17 DR. RAKOFF: Not necessarily, because
18 there again one is attributable to legal niceties. How
19 much is simple possession? How much does a pusher need
20 to have as a cache?

21 DR. LEHMANN: But if it was established
22 that there was simple possession of heroin, would you
23 consider imprisonment, not therapeutic, compulsive
24 therapeutic approaches, but imprisonment as possibly
25 adequate response?

26 DR. RAKOFF: No, definitely not. Definitely
27 not. And this is the point that I was hoping to make,
28 that we do have a legal system which in fact imposes a
29 whole variety of forms of detention upon people. It's
30 well established in the Juvenile Courts, and it could

1 certainly be elaborated in the possibility of our law.
2 We have --- the term "imprisonment" may encompass anything
3 from maximum security to relatively open institution.
4 And I think the potential is there to make a distinction
5 between the kind of institution to which someone, say,
6 with possession of heroin could also be assigned. That
7 again is something, is a detail which I feel the law
8 can cover. We often in the rhetoric of some people ---
9 I am certain Dr. Lehmann knows that I'm talking about ---
10 regard putting the obviously and dangerously insane into
11 mental hospitals. This has been called a form of
12 imprisonment. It is in fact a form of social coercion
13 for which the law does provide a framework. It would
14 seem to me that exactly this framework could be used for
15 the possessors of drugs of immediate, and short term
16 consequence.

17 THE CHAIRMAN: So you contemplate some
18 form of deprivation of liberty or detention, regardless
19 of the efficacy of any treatment which purports --- for
20 which this detention or confinement purports to be made?
21 In other words, do you contemplate it as a measure, as
22 a coercive measure in itself regardless of treatment in
23 the particular case?

24 DR. RAKOFF: I would hope not. One of
25 the problems we have at the moment is that any form of
26 therapy for addiction to the potent drugs of addiction
27 is very poor. But nevertheless, it is not a total
28 failure, and that there are varieties of therapeutic
29 community, therapeutic strategy, which help some
30 people. The medical response is being made

1 that they would be all right anyway, but one doesn't
2 know this to start with. At the very least, the opportunity
3 of denying, curtailment of liberty --- I don't like any of
4 these words particularly in the present climate, but at
5 least someone who is on the habit gets an opportunity to
6 come off it in a protected environment, is nourished, and
7 is at least given another opportunity to start his own
8 conduct of life before he's released, he is straight
9 again. Without this, there is only the perpetual dilapi-
10 dation in a continuing way of his life.

11 MR. STEIN: When you say given the
12 opportunity, if I understand you correctly you are not
13 really talking about giving someone the opportunity. You
14 are talking about making sure that he is exposed to a
15 particular alternative via a criminal --- or I wouldn't
16 say criminal, but some form of legislative compulsion.
17 It's not up to him to choose it, or not choose it.

18 DR. RAKOFF: It's very hard to buy a
19 group of cyclamates at the present moment. It would be
20 very difficult to prescribe for a patient who is over
21 the period of pregnancy, a very useful drug,
22 thalidomide. We have an endless range of coercive
23 strategy within our society, and hopefully we are
24 sufficiently sensitive to infringements of liberties to
25 construct --- to build into any new legislation the
26 appropriate protection of the subject to whom we
27 supply. So in this same way that things sometimes do go
28 wrong with putting patients into mental hospitals, even
29 with two doctors and Justices of the Peace, someone does
30 land up in a mental hospital who shouldn't be there. But

1 in general the law is constructed, is protective both to
2 the physician and to the patient, so that these instruments
3 of coercion, or as Thomas (Saro) would say, of actual
4 imprisonment, are not used in a socially responsible
5 fashion for getting rid of people who are committedly or
6 privately inconvenienced and I have no doubt that the
7 ingenuity of our legislators would allow them to produce
8 legislation which would carry with it the coercion and
9 the direction of a therapeutic encounter without carrying
10 with it the criminal possibility that the present
11 legislation certainly does have. But yet I would want
12 a different kind of law, as a citizen, not necessarily
13 an expert by any means --- there is an area of wide
14 ignorance in opinion making --- but I would like to see
15 the distinction enforced between marijuana, alcohol,
16 tobacco, all probably harmful in their own subtle ways.
17 And those things which produce addiction very quickly,
18 which produce physical dilapidation very quickly, which are
19 part of an international network of criminality, and that
20 these things are different. And I think that to deny these
21 differences is, I think, the possible danger which I might
22 have overstated in my opening statement.

23 THE CHAIRMAN: Dr. Lehmann?

24 DR. LEHMANN: I wonder whether I am right
25 --- I think I am, in stating what the Commission's mean-
26 ing was when this recommendation was made. Imprisonment
27 was used in the sense of jail, in the present way, jail
28 is --- what jail means right now with a criminal record
29 attached to it. And no other therapeutic possibilities that
30 are available in ordinary jails now. And the recommenda-

1 tition as it -as made in the interim report in no way
2 precludes the distinction that you are recommending now.
3 That is in no way precluded by --- the overal statement
4 was simply that no possession of drug, any drug, thali-
5 domide, heroin, marijuana or alcohol is not to result in
6 jailing a person with a criminal record under the
7 present conditions of jailing.

8 DR. RAKOFF: Dr. Lehmann, I felt in reading
9 this report that this was probably the intention of the
10 Commission. I was somewhat alarmed though when the
11 document runs to between four and five hundred pages,
12 that this was not in fact elaborated, and the possibilities
13 of alternative legislation not in any way explored. Now
14 this would have been, it seemed to me, understandable if
15 no legal recommendations were made at all. But once legal
16 recommendations had been made, it was my hope that there
17 would be an opportunity to have them elaborated in
18 precisely the directions that you just have.

19 THE CHAIRMAN: Yes, we express these ---
20 reserved our judgment on compulsory treatment referred to
21 and the recommendations have been made where it was said
22 that we would like a little more time to consider its
23 implications, its efficacy. I just want to return by way
24 of clarification to something I said earlier, becuase I
25 think this is a very important point of understanding,
26 throughout the report, and it may be that we didn't suf-
27 ficiently --- we didn't make it sufficiently plain, that
28 our recommendation regarding imprisonment are made regard-
29 less of potention for harm, and regardless of available al-
30 ternatives which we still want to explore. Otherwise we
would

1 not have made that recommendation concerning imprisonment
2 for use Unless we were in a position to say that ---
3 feel that at that point.

4 DR. RAKOFF: As that stands, I think it
5 would be very difficult to run counter to what you have
6 just said. You use however the possibilities of failing
7 to distinguish, that concerned me. Not for those of
8 good intention, but you know we are surrounded and I
9 think in law and in looking at social courses, it is
10 directed to be paranoid. And that there might well be
11 those who would use this blanket legislation, not in a
12 direction of liberalizing, or making more therapeutic,
13 but rather in the direction of using it as a clout for
14 all forms of dissenting behaviour which happens in this
15 case to take the form of injecting a substance.

16 THE CHAIRMAN: Are there any
17 questions?

18 THE PUBLIC: I would like to address ---
19 Mr. Chairman, I would like to address myself to the same
20 point. I am an executive director of Alcohol and Drug
21 Concerns, Don Mills, with the Takalpha Youth Organization.
22 We have a committee set up to study this area and I
23 want to speak concerning the statement of \$100.00 fine
24 for the simple possession, of psychotropic drugs. Now,
25 in our view here, rather than going on to the full spectrum
26 of drugs, including heroin, thinking of the lesser form
27 shall we say, the marijuana and LSD, we are observing
28 that the simple fine of \$100.00 --- and it is usually the
29 youth offender that is taken up on a charge of simple
30 possession. And the member of the drug culture, a juvenile

1 offender, is likely to say if there is no jail sentence
2 attached that, "I haven't got the \$100.00". He is not
3 too much impressed by a monetary fine. "I haven't got it".
4 The person who is a more affluent user of drugs will simply
5 pay the fine, and will go on his way. The other person
6 may just say, "I haven't the money", and if there is no
7 further legal penalty, what can be done? Now, here ---
8 different to our speaker, Dr. Rakoff, just before, I
9 would support the idea of therapeutic treatment beyond.
10 However, when we recognize that there are 1,100 young
11 people on these kind of charges before the Toronto courts
12 alone it seems that half-way houses and therapeutic
13 farms and so on would be too costly, and probably not
14 possible. However, if there were a much simpler course
15 of action where in addition to the \$100.00 fine, we would
16 anticipate perhaps a six or eight week course under the
17 jurisdiction of people like the Addiction Research
18 Foundation, the Canadian Mental Health Association, or
19 our own group, Alcohol & Drug Concerns, set up a course
20 for the young offender on the use and abuse of drugs,
21 harmful drugs, using appropriate technique in describing
22 all of the problems relating to it. I have had personal
23 experience in this regard in dealing with the offenders of
24 drinking under the age of twenty-one here in Ontario, and
25 through the assistance of magistrates and the assistance
26 of the community group and the Addiction Research
27 Foundation, we have had eight and ten week courses on
28 the use and abuse of alcohol. And the young people are
29 then subjected, required attendance, rather than on
30 probation --- required attendance to this 8 or 10 week

1 course. And attendance is marked by the probation
2 officer who assists the programme. In our short
3 experience with this, we have found that when the young
4 people took this course on the use and abuse of alcohol,
5 there were no repeat offenses in this regard, whereas
6 those who were taken off and put on probation with the
7 law were seen again in the courts. This is all that I
8 would like to say in this particular area.

9 THE CHAIRMAN: Thank you.

10 Dr. Rakoff, thank you very much for your
11 assistance, once again. I call now on Dr. David Collins
12 of the Toronto Youth --- Free Youth Clinic. Dr. Collins?
13 Would you like to be seated at the table? Thank you.

14 THE PUBLIC: I would like to say something
15 first. Is there a criminal record kept for someone ---

16 THE CHAIRMAN: Excuse me, could you
17 speak a little more closely to the microphone?

18 THE PUBLIC: If someone is picked up off
19 the street and put in jail, has he got a criminal
20 record for being in one night, you know if he is picked
21 up with the drugs?

22 THE CHAIRMAN: No, you don't get a criminal
23 record unless you are charged with an offense, and
24 convicted.

25 THE PUBLIC: Well then why does someone
26 who has marijuana or something picked up, gets a criminal
27 record for using it, and people who take alcohol are just
28 as much wrong as someone who does marijuana. I think that,
29 I mean I see drunks on the subway and they're disturbing
30 other people. Someone with marijuana, they're just

1 sitting there, they're not bothering anybody, but
2 nobody says anything to anyone who is drunk. I don't
3 think it's right.

4 THE CHAIRMAN: Thank you.

5 Dr. Collins.

6 DR. COLLINS: I'm not quite sure what
7 was expected of me when I was called and asked to appear
8 before the Commission this morning. I was told simply
9 to tell the Commission something about the Clinic and
10 what we do, and how we do it. And I suppose that would
11 be as useful to you as anything else. The Clinic is a
12 major street medical facility in Metropolitan Toronto.
13 We see approximately fifty people per day on a twenty-four
14 day basis.

15 THE CHAIRMAN: Fifteen did you say?

16 DR. COLLINS: Fifty, on a twenty-four hour
17 basis, and the major --- the major areas of medical
18 concern are gynecological problems including unwanted
19 pregnancies, the use and abuse of the contraceptive pill
20 and venereal disease,
21 respiratory diseases, and problems associated with the
22 use of street drugs from marijuana to heroin. My
23 experience, I have been at the clinic since the 15th of
24 May, my experience is that in the first eight weeks at
25 the Clinic, I two people who admitted to the use of
26 heroin, current experience is that I have seen four a
27 day who admit to the use of heroin. And we invariably
28 offer these people methadone.

29 THE CHAIRMAN: As a substitute for heroin?

30 DR. COLLINS: With the understanding that

1 methadone would be used on a short term basis as a
2 method for use of withdrawal from heroin. The Clinic
3 functions --- that is the Clinic staff functions as a
4 family with all decisions made --- all administrative
5 decisions made on the basis of concensus among all the
6 members of the family, and even in the area of medical
7 care, the other eight members of the family function as
8 non professional. So that when somebody walks in the
9 door, whoever is on duty at the desk at that moment
10 becomes a primary contact sufficient for that individual.
11 I hold regular afternoon office hours, as I would --- or
12 as I did when I was in general practice, and see the
13 problems that the other members of the family are unable
14 to handle. In particular in the area of usage of heroin,
15 every person who comes to us for methadone is discussed
16 by the family on the basis of the wide knowledge that
17 our family has of the street scene in Toronto, dating
18 back over the last three or four years. So that many of
19 the people that come to us and say that they want to
20 withdraw from heroin are people that somebody in the
21 family knows personally. And we try to assess both
22 among ourselves, and in terms of conversation with the
23 user, we try to assess his voracity, the seriousness of
24 his intent. If we agree that there is that seriousness
25 of intent, then I prescribe enough methadone to allow
26 the individual to function on methadone instead of
27 on heroin for a period of twenty-four to forty-eight
28 hours, with a prescription which cannot be renewed. He
29 returns to the Clinic, and we discuss again what has
30 happened in the last couple of days. And implement

1 withdrawing him from the methadone over a period of ten
2 days to two weeks. We are perfectly well aware that
3 even in the event that an individual successfully
4 withdraws from heroin by the use of methadone, that his
5 social problems remain. And we are perfectly well aware
6 that there is likely to be a very high relapse rate,
7 that is, the day somebody wakes up and he is neither on
8 heroin nor methadone, is the day when his problems really
9 begin. But we nevertheless feel that we are offering
10 him the option. We are providing an option to him for
11 --- for creating a life for himself not involving the
12 use of drugs. My personal philosophy, my personal
13 posture about the non-medical use of drugs, is that
14 it almost invariably represents a --- a political state-
15 ment on the part of the individual. A personal political
16 statement vis-a-vis a society which he regards as
17 coerced and repressive. And it seems to me that the
18 non-medical abuse of drugs will continue and will snowball
19 as it has this summer here in Toronto, until and unless
20 society is prepared, not simply to legalize, but to
21 legitimatize the use of all drugs, whether it be
22 marijuana or heroin or anything in between. The use of
23 drugs is in some sense --- in virtually every individual
24 that I have seen, is an act of protest. It is a self-
25 destructive act of protest because the individual making
26 this protest generally has few resources, intellectually
27 or emotionally or psychologically to find a protest that
28 is more viable but is less destructive. He is nevertheless
29 protesting against a society which is on the one hand
30 permissive, but on the other hand extremely rigid, and

1 constraining in terms of personal liberty.

2 I don't know what submissions you have
3 heard on the numbers of people that are involved, but we
4 estimate at the Clinic that there are/Metro Toronto at
5 least 5,000 people in the age group of 16 to 25 using
6 Speed, and it may well be 10,000. And I would think, as
7 of today, as of this morning, there are at least 2,000
8 people using heroin. It is our impression at the Clinic
9 that the use of heroin has skyrocketed within the last
10 six months. At this time a year ago, there was virtually
11 none in this community, and now it's everywhere.
12 There is an area say from Dundas to Dupont and from
13 Parliament to Bathurst in which one could not find a
14 single block with residential buildings in it that does
15 not contain one or more heroin addicts. We feel more
16 and more that the situation in Toronto is a desperate
17 one, because we understand that the young people perceive
18 themselves to have simply no options in terms of a viable
19 life style. They see themselves as having been rejected
20 by their individual families and society at large. They
21 hit the street with virtually no resources, and so they
22 can perceive no future. And the use of drugs is not only
23 the thing they do in protest, but the thing they do for
24 lack of simply anything else to do. I think that's all I
25 have to say.

26 MR. STEIN: Could you give us some
27 indication on what you would base your impressions of
28 the figure 2,000 heroin users in Toronto? That is a very
29 startling figure. Do you see a lot of people in the
30 Clinic?

1 DR. COLLINS: Oh yes.

2 MR. STEIN: What kind of people are you
3 seeing, what are they coming in for?

4 DR. COLLINS: Four a day.

5 MR. STEIN: Four a day? New situations?

6 DR. COLLINS: Yes.

7 MR. STEIN: What are they coming in for?

8 DR. COLLINS: Four people a day coming
9 in admitting that they use heroin, some of them want
10 methadone, some of them merely admit that, "yes, they are
11 doing heroin," but they are here to see me for some other
12 medical problem.

13 MR. STEIN: I am sorry, you may have
14 mentioned it, I am sorry if I didn't catch it, but did
15 you say you do a urine analysis?

16 DR. COLLINS: No, I do not.

17 MR. STEIN: So in other words, if they
18 come in and say they are using heroin and ask for
19 methadone, what criterion do you apply in terms of
20 whether you see this as appropriate or not?

21 DR. COLLINS: That's a difficult question.
22 I hope you will bear with me if I try to explain it in a
23 somewhat peculiar fashion. It would have no reason to
24 exist if the people on the street perceived the establish-
25 ment of medical institutions as hospitable and humane
26 places to go when they have a medical problem, whether
27 it be pneumonia or heroin use. The fact is that they
28 do not perceive the institutions as humane, and in fact
29 the people who staff those institutions are frank to
30 admit that they are not interested in the young people on

1 the street, nor interested in their problems. So when
2 somebody comes to me, what he is looking for not only
3 beyond medical care, but even before you start talking
4 about medical care, is a humane encounter between two
5 human beings. And as far as I am concerned, that
6 encounter cannot be humane unless there is trust. I
7 therefore, as a matter of absolute and unvarying policy,
8 believe whatever anybody tells me in that Clinic. Anybody
9 who walks in and says he is taking heroin, I believe him.
10 If he says he's not taking heroin, I believe him. If he
11 says he wants to stop using heroin, I believe him. And
12 I do this, not because I am convinced I have some, you
13 know, magical X-ray vision which can tell the liars from
14 the true man, but because the social perimeters of the
15 encounter between the physician and his patient to me are
16 overwhelmingly significant of that encounter. If I
17 don't believe him, who else will? He is already convinced
18 and has had it demonstrated to him that nobody in the
19 establishment of medical community will believe him. If
20 he can't get trust from me, he simply has no place else
21 to go.

22 MR. STEIN: Suppose you believe him and
23 he's really conned you. For example --- let me give you
24 an example: in San Francisco the Haight Ashbury Free
25 Clinic on this very point had decided that because a
26 large number of young people wanted to come in and
27 obtain methadone because it was a drug which they felt
28 would be --- for whatever reasons they wanted to become
29 methadone users, and that they couldn't be sure whether
30 or not the person was a heroin user, they will not turn

1 anyone away, but they won't give them methadone. They
2 give them other forms of trust, love, concern, and maybe
3 even some medical help to deal with this toxicity with
4 heroin. But if he wants methadone they'll insist on
5 him going to one of the methadone clinics where he will
6 then have to have some demonstration through a urine
7 analysis. But the point is, their concern was they
8 didn't want to be put in a position, and now I'm
9 thinking of your point, of appearing to care so little
10 about the person that there wasn't any engagement on
11 whether he was in fact coming across with an honest
12 statement. In other words, they would say that it's a
13 form of really caring to try to find out if a person
14 is levelling with you, especially if he has had a lot of
15 negative experiences in other medical facilities. The
16 chances are he may have to find out that you are ---
17 your trust goes beyond simple, well, simple trust.

18 MR. CAMPBELL: Would you see any risk
19 in the use of your approach adding to the amount of
20 illicit methadone on the street? A person coming to you,
21 say, as an addict and simply getting this additional
22 supply which in turn could be sold in the street trade?

23 DR. COLLINS: Well then the point of
24 view of your public policy, I think the amounts of
25 methadone that are involved in my practise of medicine,
26 are attributable. I never write a prescription for more
27 than 8 tablets. I never write a prescription without
28 explaining to the individual that this prescription will
29 be followed by a second one in a day or two for fewer
30 methadone tablets. That I expect him to be negotiating

1 in good faith with me so that what is envisaged is an
2 intermental decrease in the incidence of methadone. I
3 am perfectly well aware that if I believe somebody and
4 he's conning me, I am a fool, for that period of time
5 anyway. I believe that the amounts of methadone in-
6 volved are not such as to crease a huge grey or black
7 market in methadone, all from the source of 252 Dupont.
8 But I also believe that if I don't believe the man, and he
9 does have a serious intent, then I am closing the only
10 door that that individual has to get out of the circular
11 and trivializing existence of being addicted to heroin.

12 MR CAMPBELL: What about the individual
13 who has a very heavy and long standing habit, but also
14 has a clear base for this in psychopathology? Do you
15 consider the use then or much longer term methadone
16 maintenance?

17 DR COLLINS: No, I categorically am not
18 interested nor involved in methadone maintenance. The
19 Addiction Research Foundation maintains its Narcotics
20 Research Station at 730 Yonge Street for methadone
21 maintenance programmes, and other members of the A.R.F.
22 staff, particularly central Metro branch at 2323 Yonge
23 Street have offered to take any patients whom I refer
24 to them --- take them at least for interview and
25 assistance. If I feel that the individual does need
26 long term maintenance therapy, then I say to him, "That's
27 not my area of competence, go to 2323 Yonge Street". If
28 they can help him, fine. If they can't, at least I
29 maintain my --- you know, the honesty of my posture,
30 vis-a-vis the people that come to the Clinic.

1 THE CHAIRMAN: Excuse me, there is a lady
2 at the microphone.

3 THE PUBLIC: I just wanted to say
4 something. I went to the Clinic, and there's not too
5 much chance of selling it on the street because anyone
6 that's not going to prepare for withdrawl really doesn't
7 care that much about methadone.

8 MR. CAMPBELL: That hasn't been the
9 experience in other countries unfortunately. When you
10 speak of 2,000 heroin addicts, or 2,000 heroin users,
11 I am sorry, could you indicate something about the
12 level of their use, and whether or not --- in what
13 proportion addiction will be present?

14 DR. COLLINS: My impression is that the
15 quality of the heroin available on the street in Toronto
16 is inferior to that available in other places. My
17 impression of the level of use is that the --- the four
18 to six caps per day is probably the average amount. It
19 ranges up to as much as fifteen caps per day, and down to
20 one or two.

21 MR. CAMPBELL: What would be the heroin
22 content of these caps?

23 DR. COLLINS: The people who pretend to
24 know, say anywhere from 5% to 10%. An occasional person
25 is very proud to claim that he has some heroin that's
26 ~~27~~

27 MR. CAMPBELL: And how many grains do
28 you have?

29 DR. COLLINS: I don't know, we had a
30 quick analysis lab here in Toronto, but it's been closed

1 down, and I don't think anybody knows. I think ---

2 MR. CAMPBELL: I was just thinking of
3 5% of what volume in a cap?

4 DR. COLLINS: A cap might contain 300
5 milligrams in dry weight or whatever is in there.

6 MR. CAMPBELL: And of the people that
7 you see, are you in any position to assess the strength
8 of the addiction, or presence of addiction?

9 DR. COLLINS: Answer no. Second answer,
10 the crucial consideration from the point of view of the
11 Clinic family is that the social situation of the users
12 in Toronto is peculiarly lacking in options. Even the
13 people who use only one or two caps a day, use the one
14 or two caps simply because they don't see alternatives.
15 have
16 They don't/access, or don't feel that they have access
17 to institutions and opportunities in society that would
18 absorb their creative energies, and give them a place to
19 go and something to do when they got there.

20 THE CHAIRMAN: I would like to ask you,
21 Doctor, further about what your policy of prescription
22 is. Why do you prescribe methadone? Why don't you
23 insist that it be taken on the premises at the Clinic?

24 DR. COLLINS: Because that's coercive.

25 THE CHAIRMAN: Do you think it's coercive
26 to say that if you wish it, you are not imposing it, but
27 do you think it's coercive to say of course if you wish
28 it, you can take it here. May that not be interpreted
29 as a control, a measure of control you are exercising
30 rather than a measure of coercion on the individual who
is going to take it, grave control of the substance?

1 DR. COLLINS: But you see, your control
2 is my coercion. You think you are controlling, and I
3 think you are coercing.

4 THE CHAIRMAN: What is the element of
5 if
coercion? Are you not saying /you must take it, you are
6 saying, that if they wish to take that they must take
7 it at the Clinic. Do you feel that's coercive?

8 DR. COLLINS: If I gave somebody a
9 prescription for penicillin tablets, I wouldn't demand
10 that he take them on the premises.

11 THE CHAIRMAN: Dr. Lehmann?

12 DR. LEHMANN: I see that you feel that
13 there is an implication of distrust implying that you
14 don't trust a person, that he might sell the 50 or 60
15 methadone tablets of which he will get possession over ---

16 DR. COLLINS: I am sorry sir, I would
17 never give him that much.

18 DR. LEHMANN: No, may I --- if you gave
19 him about eight tablets for two days or so, three, and
20 the treatment will go on I suppose for a week or two, so
21 over two weeks he will probably --- if he doesn't use
22 them all, let's assume, let's assume that he doesn't
23 use them at all. And although as we just heard from this
24 young lady, methadone is a lousy substitute for heroin.
25 But the experience in England certainly has been that it
26 is being sold on the street, mainly sold on the street.
27 So supposing somebody is collecting his tablets, and gets
28 50 or 60, and sells them on the street. If you would
29 protect yourself against it by insisting that it's taken
30 on the premises, you would then feel that you had implied

1 you don't trust him. And therefore, do I interpret it
2 right, and therefore you feel that you might lose your
3 rapport with him, constructive rapport? On the other
4 hand, if you are given only two weeks worth, or two
this
5 days worth of a prescription, of course/is very coercive
6 because penicillin prescriptions are given for two
7 weeks, sometimes for two months, so you do coerce it
8 anyway by controlling him. I might say, it's a half
9 control and a half coercion. Why don't you do it fully
10 as in some --- I know in some clinics it is done the
11 way you do it, and in others they may be given the
12 prescription for a week, and in still other treatment
13 centres, they insist that the patient show up every
14 twenty-four, forty-eight hours and take it in front of
15 them. It's all very coercive, in a way. One is a bit
16 more so than the other.

17 DR. COLLINS: Except that a prescription
18 of any potent drug, even aspirin I might say, involves
19 at least the intent to exercise professional judgment
20 as to the dosage. It's pretty well established that
21 penicillin is a 500,000 unit tablet four times a day
22 and that's pretty much for almost anything, but methadone
23 is a very much dose related substance. It's legitimate
24 medically rather than socially for me to say, well I
25 don't know what you are going to need, here's four
26 10 milligram tablets, try them and see me tomorrow. With
27 no intent to coerce, no intent to manifest distress, no
28 intent to keep track of him. I simply don't know what
29 you need. Because you know if the guy is taking fifteen
30 hits a day of 5% heroin caps, how does that relate to

1 six hits a day on 30% heroin caps? You see, it's
2 physically impossible to know what somebody needs. I
3 give him what I think is a reasonable dose, and see him
4 the next day, and then he can tell me. It was enough,
5 it was too much, it wasn't enough and we adjust
6 accordingly. And at that point I have established the
7 principle of --- on medical grounds rather than on
8 social grounds, that it is necessary for him to return
9 at fairly frequent intervals for me to try a different
10 dosage, as you do with any seriously ill patient, or
11 the administration of any serious drug.

12 MR. CAMPBELL: I am just concerned about
13 the way in fact you can monitor his drug use when you
14 don't have a knowledge of what other amount of methadone
15 he might be getting on the street, or what amount of
16 heroin he might be getting on the street. I don't see
17 how you can have a monitor that potentially won't break
18 down very easily.

19 DR. COLLINS: Right, and I don't see how
20 you can have personal freedom without trust. We come
21 to this irreducible minimum at which the tendency of
22 the society to establish coercive strategy or managing
23 people and the growing undercurrent of insistence on
24 their part, certainly of the younger generation, not to
25 be coerced. And --- I don't know how to resolve it for
26 society, I am not even sure I am resolving it correctly
27 for methadone. But I think I convey to the kids who
28 come to see me at the Clinic, that --- that if I fail,
29 the style of my failure emanates not from scientific
30 detachment, and not from some professional self regard,

1 but from passionate concern for the needs of human
2 beings in trouble.

3 THE CHAIRMAN: I would like to ask you
4 a further question about this heroin. Estimated heroin
5 population, Doctor, 2,000. What --- what is the age
6 group there, distribution by age, in your estimation, from
7 what you have seen?

8 DR. COLLINS: Eighteen to thirty.

9 THE CHAIRMAN: And what is the distri-
10 bution by occupation or personal status, including,
11 thinking of the student as an occupation.

12 DR. COLLINS: I would say that perhaps
13 one in --- one in seven to one in ten of the people that
14 I have seen who have admitted to a heroin habit, has
15 either been currently enrolled in an academic situation,
16 or has a recent history of having been enrolled. Two
17 of the people that I have seen in the last month are
18 people who have completed work for the Doctorate degree
19 in their particular field of interest. These are ---
20 you know they have completed, they are young, that is to
21 say they are about to enter careers in their field. I
22 might say that those two were not in medical school.

23 THE CHAIRMAN: And --- excuse me, a
24 little further on that. Are there any other proportions
25 with respect to occupational status which you would note?
26 Let us say in the young group, say between eighteen to
27 twenty, early twenties, twenty-four, twenty-five? What
28 other occupational status appears to be significant? If
29 any?

30 DR. COLLINS: It doesn't seem to have ---

1 if it's one in ten in university, or Ryerson or one of
2 the community colleges, then the other nine are aimless,
3 or without occupation, without any particular function --

4 THE CHAIRMAN: Either young or unemployed?

5 DR. COLLINS: Right.

6 THE CHAIRMAN: What have you observed
7 in the way of patterns of drug use among these people
8 whom you have seen and have admitted, and who have
9 admitted to heroin use, a heroin habit as you put it.
10 What patterns if any of drug use, multiple drug use
11 have you observed? Are there any significant relation-
12 ships?

13 DR. COLLINS: At least half of the
14 people that I see who admit to any kind of drug use at
15 all, admit to a non-discriminating drug use. Whether
16 they use a lot, or a little, when they get around to
17 using whatever they are going to use, they don't care
18 what it is. They'll use Speed, heroin, mescaline, M.D.A.
19 and then they go through the whole vocabulary, you know,
20 the alphabet, the S.T.P., T.C.P., etc. and they convey
21 that kind of frantic need for something, and don't
22 really seem to care what it is.

23 MR. CAMPBELL: Does this include intra-
24 venous barbiturates at the present time?

25 DR. COLLINS: I have not seen anybody
26 who has admitted to me that he cranks barbiturates. I
27 am sure it happens. People who are downer freaks, people
28 who use large quantities of barbiturates seem to be
29 very distinctly a minority. That is, I haven't seen
30 many of them. Whether that's because there aren't many

1 of them, or maybe because they represent a particular
2 group within the drug using population, who avoid the
3 Clinic, I don't know. But we haven't seen many of them.

4 THE CHAIRMAN: Do you see any possible
5 connection between the use of Speed and the use of
6 heroin?

7 DR. COLLINS: Oh yes.

8 THE CHAIRMAN: What is the connection,
9 in your judgment?

10 DR. COLLINS: The person who uses Speed
11 for a fairly long period of time gets to the point at
12 which the Speed ceases to do anything for him. Speed
13 users of three or four years vintage will talk about
14 cranking Speed and then probably lying down and going to
15 sleep, or eating a full meal, or being frustrated because
16 he does Speed and nothing happens. And he --- he is
17 unwilling to stop using some kind of drug, and so he
18 moves on, he just moves on to the next --- the big leap.

19 THE CHAIRMAN: You spoke in very general
is
20 terms about cause, and I think you said drug use/invariably
21 active protest, you spoke in quite general terms about
22 cause.

22 Could you throw a little
23 more light from your observations on the kind of
24 personal background in terms of personal relations and
25 psychological sort of condition, which you see in the
26 young heroin user, the young person that looks to
27 heroin use. If you can generalize in this way, or if
28 you can bring out some significant things that you see.

29 DR. COLLINS: The characteristic personal
30 story of the youngsters on the street who come to see us

1 at the Clinic, whether they are at the moment using
2 Speed or heroin, or whether they are fairly newly
3 arrived on the street, is a history of deviant behaviour
4 in the age period say from twelve to fifteen or sixteen
5 or seventeen. And then, a gradual rejection of them by
6 their parents, so that they arrive in Toronto feeling
7 that they have been told to get out. "My dad told me
8 to leave. My mother said that I was a bad influence on
9 the other kids. My mother said---I came to Toronto to
don't
10 visit and my mother said/come back". This is the ---
11 you know, the constant refrain at the personal historical
12 level of the kids that we see. They --- a youngster
13 seventeen years old may be in the --- may have finished
14 high school, but on the other hand he may still be only
15 in Grade 10 and may have already developed a pattern
16 of tardiness and absence and disinterest and non-confor-
17 mity in the school situation, so that his intellectual
18 resources may be that of a seventh grader. He has no
19 money, more often than not --- particularly if he
20 comes from some distance away from Toronto, he has no
21 friends, he comes from some small town and he simply
22 lands on the City's doorstep, totally at risk for any
23 kind of physical, social, psychological damage that
24 modern urban life can offer him. And as I say, he has
25 almost no resources with which to cope with this
26 problem. And because there is this sense of having
27 been rejected, there is the sense of having been
28 rejected by the larger community. He feels that the
29 community, the society, that the establishment is simply
30 not interested. And what seems to me the most tragic

1 element in the whole thing is that these young people
2 do not regard this as an abnormal, or a tragic situation.
3 They think it's appropriate of their fathers to throw
4 them out of the house at age fifteen. They think it's
5 wise for their mothers not to tell them, that is to
6 tell them not to come home because there are three or
7 four younger children at home, and yes, I would be a
8 bad influence. It's this self deragating attitude,
9 the sense of worthlessness, this complete willingness to
10 see oneself as not being worth anybody's trouble. And
11 the use of drugs may be subjected at the psychological
12 level of the individual first beginning to use drugs,
13 that attitude may simply be more of "Well, what
14 difference does it make, why not? If I --- if I
15 exercise self discipline and don't take drugs, what am
16 I saving myself for? What good am I to society? Who
17 wants me?" Do I make sense, sir?

18 THE CHAIRMAN: Well, Dr. Collins ---
19 excuse me, there's someone at the microphone.

20 THE PUBLIC: Do you think there is any
21 connection between this generalization that you made
22 between kids, let's say, that are getting thrown out of
23 the house or asking themselves what good am I? A
24 connection between them and let's say the middle or
25 upper class kids who sort of indulge as they said, "**You**
26 know, just for the hell of it, you know". Is there
27 any connection at all, or is there a completely different
28 outlook on it?

29 DR. COLLINS: Oh no, I think there is a
30 connection. And the connection regards, at least as far

1 as I am concerned in the --- again in the subjective
2 attitude of the upper-middle class kids, or you know,
3 Yorkville on the weekends has about five times the
4 population as Yorkville in the middle of the week. The
5 kids who come down from the suburbs with plenty of
6 money in their pockets. That indulgence represents
7 an awareness on their part that their parents don't
8 care. The parents don't actively reject them, but the
9 parents don't really care whether the kid uses drugs,
10 or where he spends his weekend, or what he does. And
11 the young person, at least the way I see it, young
12 persons sense this as a great loss, a great sense of
13 deprivation. He wants to be wanted by his own parents.
14 He wants to be cared about. He wants to feel that his
15 parents do care, and are interested in him. And he
16 indulges himself because again "What difference does it
17 make? They won't know anyway. They won't care."

18 THE PUBLIC: Do you find that --- well
19 what is the percentage of kids, like, sort of what class
20 do you find they come to talk to you? Where are they
21 mostly from? Are there a lot of upper class, or wealthy
22 kids that come and talk to you about this?

23 DR. COLLINS: Oh no, no, no. The kids
24 that I see are the kids on the street. The kids living
25 on the street. The kids who have homes in Forest Hill
26 or Willowdale or whatever, they don't often come to see
27 me.

28 THE PUBLIC: So then you would only know
29 about the percentage of kids who come to you for help
30 are those only that don't have the money, or any means

1 of getting out? This is ---

2 DR. COLLINS: Yes, they don't have the
3 means of getting out, but wealthier kids don't have any
4 way of getting in. He is still at some extreme from
5 his parents, in terms of a mutuality of interests. A
6 loving relationship with them. He is as estranged from
7 his parents as the kid who comes down from Thunder Bay
8 with twenty cents in his pocket, and instructions from
9 his father not to come back. Both youngsters are
10 rejected by their society. The forms of rejection may be
11 different, but the psychological realities of the kids
12 is exactly the same thing.

13 THE PUBLIC: Thank you.

14 THE CHAIRMAN: The other lady at the
15 microphone.

16 THE PUBLIC: What you were saying is a
17 person that uses heroin and Speed, they are usually in a
18 state of rejection and depression, right? In continuing
19 this person is not going to rationalize that they are
20 still in a state of depression, so how does one go about
21 realizing it, the rationalization, or that they are in
22 a state of depression?

23 DR. COLLINS: Generally, people who are
24 addicted, or who are constant users of Speed, don't
25 realize the addiction, they merely recognize the practical
26 day to day costs and hazards of the drug use. And their
27 first impulse is merely the practical one of finding a
28 way that doesn't cost so much money. Finding a way which
29 doesn't put them quite at the risk for disease of one
30 kind the other. And the depression only makes itself

1 felt after they have stopped. Whether they have stopped
2 heroin or Speed.

3 THE PUBLIC: But they don't have the
4 mental ability to understand their state of depression,
5 so therefore they can't try to find any psychological
6 help, they just continue the use of heroin and Speed as
7 an escape, as a primitive form.

8 DR. COLLINS: Yes.

9 THE PUBLIC: Thank you.

10 THE CHAIRMAN: Well, I think we should
11 pass now to the next submission. Thank you very much,
12 Doctor, for your assistance this morning.

13 I call now on Dr. J. D. Griffin,
14 Canadian Mental Health Association. Dr. Griffin?

15 DR. GRIFFIN: Well, Mr. Chairman, I come
16 this morning, again as Dr. Rakoff and others have
17 suggested, at pretty short notice. And I should indicate
18 right at the beginning that the Association which employs
19 me is in the present --- is presently preparing a final
20 brief, hopefully

21 for serious consideration by the Commission. I would
22 like to say at the beginning however, that this is not
23 the easiest task, for the Association, as you know, is
24 not a professional Association, it's a lay organization
25 that we have among our members, a cross-section of the
26 population in Canada, which reflect the same kinds of
27 confusion, and concern, that the population at large
28 does. We see in our own organization a polarity with
29 the problems, with your concern, of your concern here this
30 morning; a polarity for instance that sets one group

1 against another, that for some would advocate extreme
2 authoritarian measures in the control of drugs, even in
3 the control of youth for example, as compared with those
4 who argue vehemently for an affectional acceptance. And
5 to try and get a concensus out of this kind of polarity,
6 is difficult. I only need to refer to the kind of
7 headlines that appear with reference to the hearings
8 that your Commission have had right across the country
9 from time to time, and that are still appearing in
10 public, in semi professional journals that range all
11 the way from statements to the effect that pot is okay,
12 its moderate use is fine, to statements that marijuana
13 like the more serious hard drugs is a damaging agent
14 and can cause actual brain disease or damage. But I do
15 feel that at this point in time that the Canadian Mental
16 Health Association has at least come to the point where
17 we can express a concensus in a sense that we all have
18 a concern for young people. We may not all agree on
19 what needs to be done now, but we are making strides,
20 at least in that direction. But for the moment, and for
21 this morning, may I please speak just for myself. As one
22 indication of our national ambivalence for example,
23 we have the rather startling statement that in spite of
24 the fact that on Page 375 of the interim report, the
25 statement occurs as follows: "It is assumed that Canada
26 will not incur international obligations with respect to
27 the control of these drugs", referring in this instance
28 to psychotropic drugs, "before it has had an opportunity
29 to consider the final report of our Commission". And yet
30 a week or so ago it was reported that Canada was in fact

1 preparing not only to send a delegation to another
2 kind of single convention on narcotic drugs, but that
3 this delegation was in fact preparing to extend the
4 convention to psychotropic drugs. And that this
5 convention would be ready for signature by Canada's
6 (inaudible) as early as January of next year. The
7 time as you know for this convention has been set for
8 January the 11th, to February the 19th, in Vienna. Now,
9 as a concerned citizen, let alone a concerned professional,
10 it seemed to me that this required protest. And as such
11 I wrote to the Federal Government, wrote the Department
12 of Health and of International Affairs --- Department of
13 State, and protested this seeming contradiction, on the
14 one hand/the Government appoints a Commission to find
15 out about these things, to encourage public debate,
16 presumably to bring in a report for an official
17 Parliamentary consideration. And on the other hand, it
18 goes ahead making plans to agree to an international
19 convention which would seem to pull the rug right out
20 from under you. This concerned me. Last night, I had
21 telephone calls from Ottawa expressing some concern
22 that I had misunderstood this. And I think it is
23 important that this misunderstanding, if it is in fact
24 a misunderstanding, should be made quite public so we
25 all have the same understanding of what Canada is
26 trying to do.

27 I am told that the General Assembly of
28 The United Nations ordered that a Commission be set up
29 by E.C.O.S.O.C., that's the Economic and Social Council
30 of the United Nations, to explore the need for amending

1 the single provision on narcotic drugs, and perhaps to
2 consider the inclusion therein of other drugs. And this
3 convention, this Commission has met and has prepared a
4 summary record which is to be presented, I presume, at
5 this convention in Vienna. I am told this now suggests
6 that there are four classes or schedules of drugs which
7 will be included for control at the international level:
8 Hallucinogens, amphetamines, short acting barbiturates
9 and long acting barbiturates and tranquilizers. And I
10 am also informed, and of course we all know, that these
11 are now controlled in Canada, but not under the Narcotic
12 Act so much as under the Canada Food and Drug Act,
13 particularly Schedules G, J and F. Now, I am also given
14 to understand at this Commission, this preparatory
15 Commission, Canada abstained from voting. And I hope
16 they abstained because of the sensitivity in connection
17 with the activities of your Commission. I assume that
18 this is so. I am told also that even in Vienna,
19 Canada has several options in connection with agreeing
20 with the protocols. First it can refuse to sign on
21 the basis that it simply does not agree with it. Secondly,
22 it can defer decisions to sign on the basis of needing
23 ratification, that is our bringing it home for
24 ratification. Thirdly, it can sign subject to
25 ratification concerning special items of course, and
26 fourthly it is signed. Now, I don't know how even this
27 much activity can be justified in the light of our own
28 national concern with your Commission. I suppose that
29 for Canada to refuse to take part in such a convention,
30 or such a Commission, would be a sign of lack of interest

1 or lack of responsibility on the international scene.

2 But I think that it is important for the public at

3 large to know, as you sir must know, that this is going

4 on, and that these alternatives are options --- or

5 options are in fact available. I would like to say

6 further that this ambivalence, this apparent desire for

7 Canadians to have it both ways, both to crack down on

8 drugs and drug users, and at the same time to be help-

9 fully supportive to those who seem to need these drugs,

10 is not reflected quite so blatantly in some of the briefs

11 which you have already received, particularly from the

12 professional groups that we are interested in a heavy

13 liaison with. I refer of course to the Canadian Medical

14 Association, to the interim brief which I think you have

15 had from the Canadian Psychiatric Association, although

16 their final brief is not yet in, and particularly to the

17 report of a conference on medical action for mental

18 health in children and youth, which was sponsored by

19 the Canadian Medical Association, the Canadian College

20 of Family Practice, the Canadian Mental Health Association,

21 and a number of other national associations in Canada.

22 Now, the thing that disturbs me a little bit is that

23 this conference which was held last March made several

24 rather important recommendations which were of course

25 all referred back to the organizations sponsoring the

26 conference with the idea that they in turn would put

27 them forward. I doubt, Mr. Chairman, if any of these

28 associations including our own have in fact put these

29 forward. Nonetheless I would think it would be

30 important for you as a Commission to know about these

1 recommendations because they were made in good faith,
2 and in some instances represented a unanimous opinion
3 at the time of this conference, of the delegates there
4 present, representing these national organizations. Now,
5 I am not going to take time to go over any of these
6 things in detail, except to say that most of the
7 people there wholeheartedly supported the kinds of
8 recommendations made in the interim report that referred
9 to the need for better methods of treatment, of care
10 and helping young people, particularly, who are on drugs,
11 or who are acting badly on drugs, and these have been
12 described by other witnesses before this Commission and
13 need not take our time further at this moment. Many of
14 them are concerned with the establishment of just such a
15 clinic as you have heard described by the previous
16 speaker. I would, however, like to come to another two
17 or three points, which were brought up in this conference
18 and agreed to unanimously which have not been emphasized.
19 This conference went on record as supporting unanimously,
20 and with great urgency the kind of recommendation made by
21 Marie Bertrand and your own Commission, and submitted as
22 a minority report. Namely, that certainly the simple
23 possession of marijuana and marijuana products, be not
24 followed by jailing, or incarceration. That no charge
25 be made for simple possession of cannabis, or psychedelic
26 drugs, was the term they used, and I assume this means
27 psychotropic preparations. In discussing this with our
28 own organization, I have not yet got the feeling that
29 we are prepared to go that far. I think we are
30 prepared to go as far as the Commission itself went, but

1 let me point out that the Commission in suggesting that
2 summary conviction, cases of conviction be utilized
3 instead of conviction on an indicted whatever you call it
4 --- an indictment should be followed. This now, I
5 understand, is permissive. There is an alternative that
6 is a permitted course to use. I believe you suggest
7 that this permissiveness be removed, and that all of
8 these now be summary charges. But this would be a
9 step towards what Miss Bertrand is recommending. And
10 probably as an interim step could be defended. I just
11 wanted to indicate that this conference is solidly in
12 support of Miss Bertrand's point, however, and I wanted
13 to go whole-hog on that. What is even more important to
14 me is the suggestion in the report that the records be
15 annulled . And it is my understanding that even summary
16 convictions leaves a person with something in the way of
17 a court record, a police record if not what is sometimes
18 called a criminal record, and how much of a handicap
19 these records will be in future life of these individuals
20 when they apply for various jobs, when they apply for
21 various licenses, or even visas for crossing borders and
22 that sort of thing, is very fuzzy. It is not clear to
23 the public at least, and certainly not to me. And this
24 is one thing I believe that there is a considerable
25 amount of public support for right now. I would like to
26 refer to one additional comment made in the interim
27 report, and that is in Section 389 ,the statement
28 occurs:"We believe that this emphasis" ---this is on the
29 range of social responses which are now available to
30 the drug user, "We believe that this emphasis must

1 shift as we develop and strengthen the non-coercive
2 aspects of our social responses from a reliance on
3 suppression to a reliance on the wise exercise of
4 freedom of choice." On this kind of thinking, I find
5 a great deal of agreement, a growing sense of under-
6 standing, of appreciation and agreement. In other words,
7 what you are suggesting is that it is our task as
8 citizens in Canada, and perhaps particularly the objective
9 of an organization such as the Canadian Mental Health
10 Association and others I have similar in mind, to try to
11 do what we can to make sure that young people in Canada,
12 children in fact, grow up with a capacity to make wise
13 decisions on their own behalf, to reach decisions with
14 responsibilities, to understand the significance of the
15 decisions they make, and that this is where the true
16 demonstration of maturity, in reference to handling one's
17 own behaviour will be manifest. Now, coming along in
18 the same kind of theme, again neglecting this point to
19 go over in detail the need for a range of treatment and
20 helping services, it seems to me that we have nowhere
21 in Canada anything like the adequate range of supporting
22 services that are needed for these helping services. The
23 medical aspects of drug use, or misuse, at least are
24 known. That we don't have enough of these, has been
25 illustrated already this morning. That they are not
26 adequately supported financially is pretty well manifest
27 now all over. In other words, we in Canada have not
28 yet learned to put our money where our mouth is in terms
29 of our concern about the medical treatment for kids with
30 problems relating to drugs. We are moving, but ever so

1 slowly in that direction. The fact that we have --- is
2 it 1,100 cases that were reported this morning, awaiting
3 court action in this particular municipality, is a
4 staggering indictment it seems to me on the fact that
5 the machinery of justice has stalled. We just can't cope.
6 I am one who believes that if we had an adequate network
7 of well coordinated, well financed services for people
8 of this kind, that this would go far to reduce the
9 number of people being charged. But in any event, either
10 charging young person or giving them immediate treatment
11 for a crisis, falls far short of the long term social
12 support, rehabilitation, that is required. And somehow
13 or other, we simply don't seem to be taking this matter
14 seriously enough. We seem to be spending lots of money
15 and all kinds of other things, even in our restrictive
16 economy now. We still are building roads, we are building
17 bridges, we are building all kinds of things and very
18 few dollars comparatively/going to establishing services.
19 Perhaps everyone is waiting, sir, for your final report
20 in order to know what to do. This surely has been
21 demonstrated by now.

22 May I say another thing about the way
23 in which our attitudes reflect our indecision, and our
24 confusion. Very recently, the Ontario College of
25 Physicians and Surgeons made --- in Ontario here, made
26 a complete about face with reference to the description
27 of contraceptive medications, pills, for the young
28 females by saying that it was, in effect, okay for the
29 doctor to prescribe these pills to young ladies as young
30 as sixteen. That is, they are minors. Providing in

1 their judgment this is medically sound procedure. That
2 this prescription need not be cleared with the family
3 or the parents in cases where this was objected to by
4 the patient. Now, this is a huge step for organized
5 medicine to take, and one that I am sure is welcomed
6 by young people. When I called the College of Physicians
7 and Surgeons and said, "fine, now what about the same
8 kind of philosophy with reference to the treatment of
9 young people on drugs?" Answer? Well, that was six
10 months ago, and I called them up every month pretty
11 near, and they are still trying to decide what the
12 answer to that question is. It seems to me if we say
13 yes to one, we've got to say yes to the other. And in
14 fact, my own experience is that a great many physicians
15 are in fact doing just that, they are treating young
16 people, giving them the help that they feel they can
17 give them, or know how to give them, and abiding by the
18 need for confidentiality and immunity and so on. In the
19 case of drugs of course, it goes beyond simply informing
20 the parents, it's a question of informing the legal
21 authorities as well. And so this puts the doctor in a
22 very dicey situation. But many of them are doing just
23 that. But the kid under sixteen of course is still
24 another problem and this brings up a question which I
25 think was raised by one of your Commissioners earlier,
26 what happens to the young person in the age group
27 twelve to sixteen, where he is a juvenile? And the
28 question of how you get over this responsibility for
29 the child, or give him the help he needs without
30 necessarily clearing with the authorities, if that is

1 possible, or necessary, this remains a question it seems
2 to me unresolved.

3 Finally, I am aware as an individual
4 of a growing --- I almost said boredom. There is a
5 despondency on the part of both professionals and the
6 lay public with reference to this whole business of
7 drugs. People tell me, "well, we talked about it
8 enough so what do we do?" And I latch on to this from
9 another point of view, because I am beginning to believe,
10 sir, with great respect that this Commission is probably
11 shooting at just the top peak of an iceberg. The
12 manifest problem which we all seek. And we are leaving
13 the great bulk of the most difficult, most dangerous,
14 and most urgent problems untouched as long as we
15 continue to haggle and argue and discuss drugs. Drugs
16 obviously, from what you have heard, are here. It
17 doesn't much matter now whether you legalize marijuana
18 or not, because the young people who want it are going
19 to get it. Older people are using it, middle class
20 older people, or upper middle class older people are
21 using it. It is not just young people any more. This
22 has been said time and time again. So what's the
23 issue? Well the issue of course is that it's still
24 illegal. And we are back in the same kind of situation
25 we had during prohibition days, and its kind of
26 exciting to get a bottle when you know it's illegal.
27 And in this case it's exciting to get the drug, or a
28 reefer or whatever they call it, the use of pot and
29 smoke it when you know that I suppose at any moment
30 the police could come in and you would be busted. That

1 might be different if it were --- if marijuana were
2 legalized. I am not suggesting that we should legalize
3 it, I am pointing out that it is becoming increasingly
4 irrelevant as a problem. What is relevant is the fact
5 that underneath this lies an enormous number of young
6 people who are disenchanted, disillusioned, many of
7 them depressed, and many of them in despair. I don't
8 need to emphasize this more than the last speaker who
9 did it much more eloquently than I. These are the
10 things that I feel there is no difficulty in getting a
11 concensus in the Canadian Mental Health Association. We
12 are home free on this, because this is a mental health
13 problem. It is also a social and a political problem
14 as well, and we find ourselves in this particular
15 organization constantly trying to keep a balance. Our
16 original objectives as you well know of course, relate
17 to mentally ill people, and efforts that can be made
18 to improve the mental health of the population. Well,
19 on the second objective, I think we have a charter for
20 doing something, doing something far more than we have
21 been able to successfully as yet with this great group
22 that I am talking about.

23 THE CHAIRMAN: Thank you very much,
24 Doctor. Are there any questions or observations for
25 Dr. Griffin?

26 What do you feel are the causes of
27 this disenchantment, disillusionment, despair? And
28 what can be done about it?

29 DR. GRIFFIN: What can be done, and
30 the causes are two different questions. The causes

1 seem to relate to the facts that were clearly described
2 a few minutes ago, that there is no place, no niche
3 which is meaningful, which is satisfying, which is
4 acceptable. Perhaps it relates also to such things
5 as psychological lack of motivation. Kids don't want
6 to do the things that are available to be done, partly
7 because they feel that there's not much point in it.
8 They don't want to become members of the establishment
9 because of course they see all the things that are
10 wrong with our society, and they see no particular
11 point in identifying with it and making it more wrong.
12 These are things that are very familiar to you, I know
13 they have been told and discussed with you many, many
14 times. But those of us --- those of our staff and
15 volunteers who are working with young people are
16 constantly impressed by the fact that these young
17 people --- as Dr. Collins has described it --- come
18 with a feeling of being completely useless. "There is
19 no place, there is nothing to do, there is no place
20 where I can do something that is both useful, and
21 creative, and probably also satisfying." Now, what to
22 do? It seems to me, that providing some kind of work
23 situation such as has been described by some of my
24 friends, a glorified work camp, is the worst possible
25 solution to this problem. These kids just don't want
26 to be organized into a kind of a Hitler youth group
27 and sent off into the woods to cut trees. Although it
28 might be worth trying. I think we are at the stage
29 of almost desperation where we have to be innovative.
30 You yourself have talked about the needs to innovate a

1 programme. Let's try a wide range of things. I believe
2 for instance that a lot more can be done utilizing the
3 schools, to prepare kids for an exciting and creative
4 kind of activity after they leave school. I don't think
5 we have explored that very much.

6 THE CHAIRMAN: We have heard a lot of
7 criticism of the educational system, Doctor. From your
8 own perspective of mental health, the things ---

9 DR. GRIFFIN: Well I'm one of those
10 who criticize it I'm afraid, and the reason I criticize
11 it is because, well, there are several reasons. The
12 first is that I see in the educational methods used,
13 techniques which are manifestly useless. It is of ---
14 in my opinion, this is my personal opinion, it's no
15 use in circulating pamphlets to young people. There is
16 no point in telling them that they have to read Chapter 2
17 of the interim report. There is no point in showing
18 them film after film that shows how you go crazy if
19 you take LSD. Kids don't read --- at least some kids,
20 and perhaps this group particularly don't read an
21 awful lot. Certainly not this kind of stuff. The fact
22 remains that they already know a lot. They know more
23 than their parents, know more than most adults do, it
24 has been said, and I guess this has been reported to
25 you that grade five and six children know a great deal
26 about sex education, about procreation, and about drugs,
27 but they still don't know about the contamination
28 possible by the common house fly. And this kind of
29 situation needs to be explored, it seems to me. Now,
30 what then? What needs to be done by education? I believe

1 that education concerning the hard core facts of drugs
2 such as in Chapter 2, needs to be brought to the atten-
3 tion of parents. But you will not do that. And I will
4 repeat not by getting them to buy copies of the interim
5 report, or even just reprinting Chapter 2 if that's the
6 it
7 chapter that has/in it, or sending it home free to the
8 parents to read. They just won't do it. They have to
9 be involved, they have to be brought together with their
10 kids. They have to be given the opportunity to talk
11 about it, to listen, and to get the information. Once
12 motivated, they may learn something. And of course, the
13 kids are impatient about this because it's all old hat
14 to them. I believe that education however goes much
15 further than that. I would like to see the kind of
16 things that the information group are doing, as I
17 understand, with a whole lot of new ideas for using
18 closed circuit television, involvement in small group
19 discussions, and things of that kind for the kids,
20 and perhaps also for the adult population. There's one
21 more aspect of education that much be mentioned, and
22 this of course is also referred to in your report, and
23 I am sure many times by your witnesses. And that is the
24 need for continuing and progressive education among
25 professionals. We had at one time, less than a year ago,
26 a scheme for training in succession, groups
27 of nurses, particularly those nurses who are employed in
28 out patient and emergency sections of general hospitals,
29 training them in how to work with the young people,
30 how to understand the needs of young people who come to
them with problems relating to drug use. We expected,

1 of course, that the Federal Government would be
2 interested in this, and designed this for them to
3 finance. A month ago, we got the usual letter and
4 this did not come within the terms of reference of any
5 grants at all, they all vote for this sort of thing.
6 Here was an organization, ours, interested, ready and
7 able to set up in Metropolitan Toronto a series of
8 training projects for nurses that would bring to Toronto
9 for intensive short term training, eight weeks, this
10 kind of --- this system was all ready to go and was not
11 deemed to be important. This is the kind of thing that
12 we find difficult to understand. This again contributes
13 to this feeling of ambivalence. Is the Government
14 really interested in this problem, or isn't it? Now,
15 it may be that other people have already got this
16 underway somewhere else, but we don't know that. And
17 if we don't know, I don't suppose the public does
18 either. And I think it should be made manifest.

19 THE CHAIRMAN: Dr. Lehmann?

20 DR. LEHMANN: Dr. Griffin, may I try to
21 pin you down on some ambivalence of your own because the
22 problem is so complex. A few minutes ago, you said that
23 the proposition to have glorified work camps, or some
24 sort of compulsory treatment of this sort for the
25 young drug taking people would, of course, be the worst
26 possible thing. And within seconds, you said that on
27 the other hand it might be the only thing or one of ---

28 DR. GRIFFIN: This reflects my revulsion
29 against coercive methods. I don't like the idea of
30 work camps, but I can see that once we --- as long as we

1 keep talking about them in abstract terms, and nobody
2 has tried an enlightened form of organization of youth
3 into some kind of dedicated working situation, that we
4 just don't know what we're talking about. I remember,
5 as perhaps you do, that during the depression we did
6 have work camps. And some of these seem to work pretty
7 well. I have talked to a number of youngsters who
8 have just come out of the armed services. Many of these
9 I knew before they went into the armed services. And they
10 were disturbed and certainly dislocated kids. They
11 weren't, as far as I know, on drugs, but that doesn't
12 matter. They didn't know where they were going, or
13 what they were going to do, and for them at that time,
14 there was no place for them. Somehow they got into the
15 army. I have talked to these kids now, they are at
16 university, and they are doing a tremendous job in terms
17 of establishing for themselves a useful place in society.
18 Why? What's happened in the four years that they were
19 in the army? And I'm not suggesting we've got to put
20 all kids in the army, you know. And yet, something
21 happens in some of these cases. And I am ambivalent
22 about it, you are quite right. But I think we have to
23 look at it. We'll start with ambivalence and re-examine
24 it and get evidence and will make up our minds, that's
25 the way it goes.

26 THE CHAIRMAN: Thank you very much, Dr.
27 Griffin.

28 We call now Mr. Dennis Colby. Oh,
29 there's a lady at the microphone.

30 THE PUBLIC: There was just one question

I wanted to ask Dr. Griffin. I too am appalled at the treatment and the lack of feelings for the young people in the hospitals, and going back and seeing how they feel about them. And I wonder why this teaching could not be incorporated in the training of the nursing training and the doctor training, and the intern training. Why do we have to wait for an organization? Why can't we move right in to the hospitals?

DR. GRIFFIN: Who move into the hospitals?

THE PUBLIC: Well, move into established medical centres.

DR. GRIFFIN: The medical schools and schools of nursing?

THE PUBLIC: Yes.

DR. GRIFFIN: Right, I couldn't agree with you more.

THE PUBLIC: And would you welcome this in this case?

DR. GRIFFIN: Well of course this is none of our business but I am not an expert in this, and I must confess I am not fully informed. I would hope, and I expect that they are moving in that direction, but I just don't know what the score is.

THE PUBLIC: It seems very slow.

DR. GRIFFIN: Yes it does.

THE PUBLIC: I went to apply down to the Western Hospital and other than Dr. Solursh , no one seems to know very much about the drug situation, and right in the core of the City, and I took tours of the

1 hospital and what I was talked to about was, you know,
2 the nurses who explained as to what went on, about the
3 authority idea, what you should do in these situations
4 and there was no feeling of understanding at all.

5 DR. GRIFFIN: Well, that is in a
6 hospital where there is good leadership too.

7 THE PUBLIC: Oh yes, and I don't think
8 for a minute that they wouldn't be willing to try, but
9 I wonder who has to put the spark plug in?

10 DR. GRIFFIN: Well, maybe all of us can
11 do something about that.

12 THE CHAIRMAN: Thank you.

13 DR. GRIFFIN: By the way, one other
14 thing that should be mentioned here and I guess it has
15 been discussed with the Commission before, and that is
16 the sort of thing that I see happening with groups of
17 young volunteers from high school, who are showing
18 increasing interest in becoming not only informed and
19 aware, but involved in working with other young people,
20 in various centres. 12 Madison, I think is one
21 where these kids are welcome, and through group dis-
22 cussions they become oriented, and through service and
23 volunteer activities they become skilled. This is ---
24 in helping other kids. This is something that I feel
25 has great potential.

26 THE CHAIRMAN: Thank you, Doctor.

27 I call now on Mr. Dennis Colby.

28 MR. COLBY: Thank you, Mr. Chairman.

29 I appreciate the opportunity to address you even though
30 there is such short notice. I want to put forward some

1 of my background in order that I can contribute some-
2 thing. Last December, I was one of the youngest
3 candidates in this City for the Toronto Board of
4 Education. I was backed by the two local newspapers,
5 The Toronto Star and the Toronto Globe and Mail. I am
6 presently an Area Coordinator for a Drop-In Centre in
7 the east end of the City. I also happened to have run
8 two very successfully rock concerts, and this is what I
9 hope to deal with to some extent, what is happening ---
10 or what has happened this summer as far as rock concerts
11 or as far as the drug situation has developed too. In
12 our situation they were very successful. But let me
13 concur with the previous speaker. I had another reason
14 why I came down here today. I was unhappy to read in
15 the Toronto Star, an editorial on international scene
16 in the Toronto Globe and Mail, the same, about the
17 international conference in Vienna. I feel --- I
18 didn't have an opportunity to present a report to you
19 first person on the LeDain Report, although I would
20 have welcomed the opportunity. I think that this is a
21 very important conference, and I think that if Canada
22 takes the stand that they sign this international
23 decree, then I would say that your LeDain Commission,
24 your conference is completely irrelevant because it
25 would bind Canada to an international law on drugs
26 that would go out of all proportion as far as our laws
27 are concerned right now. There would be inaction. The
28 drug situation would spread, and unfortunately this
29 would bind our law. And this is why I hope that our
30 Canadian Government in examining the points put forward

1 by your Commission will stall. And I will endeavour to
2 speak to my own member in Parliament on this, and
3 hopefully they will stall the signing of the international
4 agreement.

5 Now, what I have to say on the drug
6 situation, is my own training is a Social Services
7 Degree from Ryerson. I have found the drug situation
8 especially in the east end of the City to be a low ---
9 which is a low economic area. I come from an area
10 that both my parents have had to work to earn \$11,000.00
11 to survive. The area that I speak about is worth
12 seven-eighths of this City which runs from I suppose
13 the mid-section of the City right to the --- Coxwell
14 Avenue in the east. The people that live here are
15 working class people, and I think as has been mentioned
16 before the economic situation has a very important role
17 in drugs. I think so, because the people that come to
18 me have, to a certain extent, more complex problems than
19 the people that live in Forest Hill in this City, as
20 far as drugs. I also concur with our former speaker
21 on the educational system. I have found that the east
22 end of the City for example, there is an influx of
23 vocational schools. And when you examine the young
24 people that are using drugs to any great extent --- and
25 when I speak of drugs I'm not going to say marijuana
26 or hash, because I believe these drugs are readily
27 available, and are in proportion that is so wide spread
28 in this City that it's tremendous. As the previous
29 speaker concurred, it is almost irrelevant to think that
30 we are talking about it when it's so wide spread. But

I do say, and I am speaking about the more dangerous drugs like Speed, heroin, morphine, opium, I have found that people within the east end, young people particularly endeavour to try and get hold of hash, and they find that it's mixed with opium. I think that the situation to do with our schools, I think that young people are very frustrated when they are put in a vocational institution. I think that young people for instance, that have a kind of academic ability, I think that should be developed. I think this is the fault of our educational system for not developing it. And I feel that the discouragement of being placed into a vocational school in his early age, in a child's early age, discourages the young person to such a great extent, that he becomes very frustrated. And there aren't any alternatives on dealing --- if I can give you an example, on dealing with a young person for instance that has had six years training in a vocational school, and called Parkway Vocational, which is a system within the school. I talked to the parents --- by the way, this student is seventeen years of age --- and I talked to the parents, and all they think, well, my son is only --- he's only had one arrest for drinking under age. But, well, he doesn't get into any trouble, when in fact I know this young person is trafficking in morphine. And opium. What I am getting at, is our institutions --- our established institutions, for instance like I took this young person, this seventeen year old young person, down to the Canada Manpower Centre to the George Brown College here in

1 Toronto, and what happened there was that they just
2 referred him, they said there's nothing we can do with
3 this young person because he has a low academic ability.
4 And what I am stating is that more young people are
5 prone to take drugs and more stronger drugs, if they
6 have this situation being developed. It is a desperate
7 situation, I think, I think that with this young person
8 our institutions have rejected him. There is an
9 organization in this City, called the Toronto Rehabilita-
10 tion Centre, which is in the hands of the Provincial
11 Government under the Social and Family Services Depart-
12 ment, and they are booked up to such a tremendous
13 rate that any young person that has this kind of problem
14 would almost have to wait a year before there is any
15 attention given to him. I would hope that the social
16 agencies in dealing with young people, would be more
17 effective. I want to also say something about my
18 experience in organizing a rock concert.

19 I received many phone calls about
20 organizing the rock concert, and they said, "Oh Mr.
21 Colby, are you that horrible person that endeavours to
22 organize the thing"? I think the examples at Mosport,
23 the examples at Rockhill, and other places within our
24 country are extraordinary examples of how available drugs
25 are. I think that our communications system which
26 have been deliberately publicizing a concert in the United
27 States without giving any information to Canadians, and
28 yet this would be for instance, I am speaking of Mosport,
29 this would be a concert that would take place in the
30 Province of Ontario. And which drugs like LSD, opium,

1 and Speed, particularly Speed along with hash and
2 marijuana and pot would be sold openly. The police are
3 facing a dangerous situation. They don't know what to
4 do. They don't know what to do with Rochdale. And
5 Anthony O'Donohue, the Toronto Executive Alderman for
6 instance, has stated that we should do something with
7 it. Perhaps we should build an old folks home or
8 something, but right now, to get back to my experience
9 with the rock concerts, I found a different situation
10 organized on a community basis. On our ~~concerts~~ we had
11 between 7 and 8,000 people. One in July and one in
12 August, and we received a tremendous support among the
13 community people. Toronto City Council, although they
14 weren't willing to give us a grant, they sanctioned the
15 event in a public park. There has been --- let me say
16 that I received tremendous help in organizing these
17 concerts from organizations such as 12 Madison,
18 Toronto Odyssey and the Community Relations Police
19 Officers. I think --- another aspect of how our drug
20 situation can be solved, I think young people as they
21 have grown up have resented the police, have had a
22 complete disrespect, perhaps in a way its the uniform,
23 perhaps it is the showing of authoritarian situation
24 that exists. I think with the new Community Relations
25 Police Officers within this City, under an experimental
26 approach, they are developing a communication that is
27 open to young people. I think that at our concerts,
28 for instance, we have had two drug cases --- two freak
29 outs on LSD. Out of 7,000 people that are attending a
30 rock concert, in which seven groups, seven Canadian

1 rock groups are playing, like (Man, Child & Father), I
2 think that is very commendable to the young people
3 attending it. They chose --- although I think that the
4 availability at rock concerts, the availability of
5 marijuana and hash was right there. As I say, when I
6 --- I think it boils down to a situation that we have got
7 to communicate as our previous speaker emphasized,
8 with young people. It won't do any good to make your
9 report available, although it has now been available to
10 the general public. I am sorry to say that the people
11 that I would like to see the report in the hands of, it
12 is not. They have never even read it, they have never
13 even heard of it, some of them. I think that the
14 people that are appearing before you, I would hope that
15 when your Commission sets up the hearing for the next
16 time, that they would try to go into the community and
17 not limit itself to places such as the St. Lawrence Hall,
18 and similar places, that it would go directly within the
19 community to seek out young people's opinion. And also
20 older adult's opinions on the subject. I think as far
21 as our educational system goes, I think our educational
22 system could be improved, I think a free show of
23 knowledge between the parents and the young people should
24 be developed. One of the recommendations that I would
25 endeavour to put forward is that we open completely our
26 school system, not only to students that are attending
27 the school system, but to the adults as well, and the
28 parents. I think that you are seeing now new experimental
29 approaches to education, open classrooms. There is a
30 school in the east end that has just recently opened,



1 and it is completely open space. There are no class-
2 rooms in it. And I think that this would contribute
3 to communications between parents and students. I
4 think that the establishment of co-sponsorship of youth
5 centres by the Toronto Board of Education and by the
6 Toronto City Council, and in fact, under an experimental
7 approach this year established three centres, North
8 Toronto Collegiate, Oakwood Collegiate and I believe
9 Lawrence Park Collegiate. These experimental centres
10 are going to be financed by the two levels --- I suppose
11 by the Board and by City Government to enable Council
12 then to take its place in referral systems.

13 But again, what I want to emphasize is
14 I have seen a situation as far as it goes within the
15 east end. I think that again, I say that marijuana
16 and hash is readily available. But it depresses me to
17 see the availability of other stronger stimulants. I
18 don't know how to control, I'm not recommending, or
19 anything like that that I know how to control. I'm not
20 suggesting that I --- I think that again it is a
21 political issue, too. And I think that you will have
22 speakers before you today that I have associated with
23 politically-wise that will put this political point of
24 view forward too. I would hope that you examine it.
25 For instance, Rochdale College. I am astonished, for
26 instance, that any person can walk in that building and
27 --- you can't get an elevator it's so crowded. And
28 walk upstairs. On every floor the people will ask you
29 to buy not hash or pot, people will be selling you
30 acid, opium, mixed with hash and other drugs. And again,

1 it comes back to our authority, that they don't know
2 what to do. Perhaps they are waiting for your finalized
3 version. But I say to you now that the time is now for
4 us to take steps. We cannot wait any longer. The
5 proportion, the problem is completely out of proportion.
6 I would hope that your Commission immediately would say
7 that the legalization of marijuana is not an issue.
8 I would hope that your Commission would enthusiastically
9 support the point by your lone defending member of the
10 Commission that marijuana should be legalized. And it
11 should be legalized immediately. If not, I think ---
12 you ask me why for instance that I would say legalize
13 it? I would legalize it because I want to stop the
of
14 spreading/more other dangerous drugs. And this is why
15 I would put this point forward, too. Again --- in the
16 shortness of time that I have here, in the --- I could
17 talk to you for hours on several subjects as far as
18 education goes, and what I think the problem is
19 amounting to, and what different levels of Government
20 you are dealing with. Your Federal Government for
21 instance has now decided to establish an urban affairs
22 department that will support community associations, and
23 so forth. I think the drug situation perhaps in
24 support of community organizations, we will receive some
25 answers, more involvement within the community. These
26 points I throw out to you. Again, I emphasize that in
27 my work I think that there needs to be more guidance
28 and counselling, not only within the schools, but
29 outside the schools. I would hope that not only --- I
30 would hope that the Board of Education for instance,



1 would have a coordination that they could operate, and
2 again I emphasize that this is under an experimental
3 approach, with drop-in centres being financed now. I
4 would hope that they would endeavour to continue this,
5 and this is basically what I have to say.

6 THE CHAIRMAN: Thank you very much, Mr.
7 Colby. Are there any questions or observations of
8 Mr. Colby?

9 Thank you very much. I call on ---
10 this will be the last submission this morning before
11 we recess for lunch. I apologize for running about a
12 half an hour behind at this point. I think it would
13 be helpful if we could do this one, because we have a
14 very full schedule this afternoon and this evening. I
15 call on The Reverend Gordon Winch and Reverend Gordon
16 Stewart of the Board of Evangelism and Social Service of
17 United Church of Canada. I suppose that after this we
18 will recess for lunch and resume here at 2:00 o'clock.

19 REV. STEWART: Mr. Chairman, there has
20 been reference to the Commission in a two page statement
21 from the Board of Evangelism and Social Service. I
22 would like however the privilege of saying a few words
23 concerning it. I find myself wondering a little about
24 the right to speak for the Board of Evangelism and Social
25 Service in this area. We can claim certainly no tech-
26 nical expertise of any kind in the field of drugs, or
27 drug addiction, and like most bodies, I think in our
28 society we have been --- we are overtaken by the more.
29 I am interested to note that the last, just ten years
30 ago in 1960, our general council of the United Church was

1 thinking itself very abreast with the times when it
2 produced a report on the church and alcohol problem.
3 Somehow that seems a long way in the past. Nevertheless,
4 I think our Board in the United Church of Canada, and I
5 do not claim to be speaking at the moment on behalf of
6 either; the statement which is in our hands is from our
7 Board but I can speak simply as a person at the moment.
8 I believe that the Board and the United Church of Canada
9 have a direct involvement with this issue with a direct
10 concern, and of the issue to be concerned growing simply
11 out of our fundamental concern for humanness, and the
12 concern of God himself for all that he has made.

13 We would like to express our gratitude
14 to the Commission for the report to this point, its
15 objectivity, for its penetration above all beyond the
16 immediate issues, beyond the chemistry and physiology
17 to the more fundamental matters of the social structure,
18 and the cultural background in which we find ourselves.
19 The statement before you identifies certain specific
20 concerns and emphases and not with the implication that
21 these concerns have been omitted from your thinking, but
22 with a desire to highlight them as being also our
23 concern. We are concerned as the statement sets forth,
24 for the matter of two cultures which we see emerging
25 in our society, those claiming their own insights, both
26 developing a certain measure of self righteousness, and
27 sitting in some judgment one on the other. We are in
28 danger almost of developing two cultures, each with its
29 own separate drugs. Those of us who are involved in the
30 more accepted side, the acceptance of alcohol, tobacco,

1 the prescription drugs and so on, assuming a self
2 righteous stance to those on the other side, to those who
3 have drugs which we apparently do not approve. And
4 while they use their drugs to clobber against us, we
5 clobber them with ours. And we have a real threat here.
6 We are concerned about the extent of medical prescription
7 of drugs as providing a background against which the
8 acceptance of drugs of almost any kind can usually become
9 part of the youth ways of our time. We are concerned,
10 and this is perhaps the one point where we did feel
11 that there was something of an omission in the interim
12 report. We are concerned with the economic factors which
13 operate in our society, and which we think would probably
14 be rather formidable, if they were in any way threatened,
15 and which related to the promotion of presently legal
16 drugs, alcohol, tobacco, food additives and so on, all
17 of them processed commercia-ly and with massive and
18 undeniably effective advertising, a very questionable
19 morality I think, a pattern which we believe could
20 quite easily be extended also to present non-legal
21 drugs if and when they become legal, and we are not
22 passing a judgment that they are not to become legal,
23 but we are concerned with the economic interest in pro-
24 motion. There is a form of legal pushing of legal drugs
25 which is open to all the moral questions, I think, which
26 can be applied to the pushing of some of these illegal drugs.
27 We are concerned with the matter of legislation. Our
28 Board has gone on record as favouring the removal of the
29 offense of simple possession of marijuana from the Criminal
30 Code in order that it might be dealt with that young people
may

1 not be subjected by reason of a simple act to the
2 criminal records which result. We are concerned more
3 broadly that the legislative package dealing with the
4 whole area of addictions and drugs, should be reviewed
5 in total. And this relates back to our concern with
6 the split of our society in conflicting cultures. It
7 is so easy for us to deal with certain drugs in one
8 context, certain others in another which apparently is
9 not actual implications of dealing differently according
10 to the acceptances of different bodies within our society.
11 I think these are the principal concerns which are set
12 forth in our statement. We are hopeful of doing a
13 further study ourselves, but we just simply came in at
14 this point before the Commission and to direct your
15 attention to these particular concerns for further study.

16 THE CHAIRMAN: Thank you very much.

17 Would Reverend Stewart /--- excuse me, I don't ---

18 REV. STEWART: I'm Gordon Stewart.

19 REV. WINCH: I would make one point
20 with respect to the perspective of my work at the
21 Distress Centre where we have an advertised telephone
22 number, and we do hear from the general public in
23 relationship to its areas in distress. It has interested
24 us to find that over the last three years that something
25 in the neighbourhood of 70% of our calls are from
26 people under 30 years of age, and that the kind of
27 distress that occasions the call is not particularly
28 non-medical use of drugs, or the problems they have
29 gotten into through drug use. It tends to be the kind of
30 in a sense, more normal problem of young people, the

1 capacity to relate successfully to other persons, the
2 ability to find oneself in relation to a vocation, in
3 society. I was particularly impressed, you were talking
4 about the kind of conflict that face the young
5 people in society and I think this is of tremendous
6 importance because it's exactly what we found, and
7 to some extent I think even the very terms of the
8 Commission, may to some extent, forget the fact that for
9 a large number of young people, the kinds of things that
10 bother them are outside of the drug scene.

11 THE CHAIRMAN: Thank you.

12 MR. CAMPBELL: Did I understand you to
13 say that your Board would be submitting a further or
14 more comprehensive brief?

15 REV. STEWART: It is our hope to do
16 so. We would like to get --- let's put it this way.
17 We will try to meet the deadlines.

18 THE CHAIRMAN: I hope this isn't an unfair
19 question as from someone that's out of the scope of
20 your brief, but I can't resist taking advantage of your
21 presence here to ask you what you feel is the role of
22 the churches. What is the relationship of religion and
23 religious belief generally at this time, to this whole
24 question, not just non-medical drug use, but these
25 other things we've heard about this morning that rather
26 concern us?

27 REV. STEWART: It would seem to me this
28 is a very fundamental question, and really underlies almost
29 all the other questions that relate to this matter. There
30 is I think, an animal need not only among youth but also

1 among older folks, and there is an atmosphere of dis-
2 illusion and failure of a hope which can only be resolved
3 I think as we find a renewal in a credible and sufficient
4 ground faith. Now I am deliberately using a generalized
5 terms, without attempting to pin that down to some kind
6 of dogma, or some kind of denomination or even some kind
7 of specific religious conviction. Each of us must conduct
8 his own search of faith, but it is, I think, our concern
9 that there shall not be erected such obstacles to that
10 search as to render it impossible. And it is at this
11 point, I think, that we are particularly concerned with
12 the kind of split in society which becomes a self
13 righteous assertion by a part to have found a truth from
14 the stance of which they may sit in destructive judgment
15 of another part. And I think critique could be applied
16 both to the squares, and to the far cuts of our society.
17 There are conflicting cultures, both which tend to a
18 stance of self righteousness. If however we have to say
19 where the primary responsibility lies, I think it must be
20 laid upon those who have a present acceptance. In other
21 words, with the establishment, rather than on the "outside".
22 Because through the establishment, much has been given,
23 therefore much is demanded.

24 THE CHAIRMAN: Thank you.

25 Are there any other questions or comments
26 from anyone at this time? If not, then I will thank you
27 both gentlemen for your assistance this morning, and
28 adjourn this hearing until 2:00 p.m. here. And we will
29 be continuing here this evening, from 8:00 p.m.

30 ---Upon adjourning at 12:40 p.m.

---Upon resuming at 2:00 p.m.

THE CHAIRMAN: Ladies and gentlemen, we shall now resume our hearing. I should like to read the schedule of submissions for this afternoon, and mention again that we shall try as much as possible to adhere to a schedule of half-hour intervals. And we hope that will afford sufficient time for the submissions, and discussions of them.

The submissions are as follows: at
2:00 p.m. Reverend Phillip Le Blanc, Peel County Task
Force on Drugs; at 2:30 Mr. Arthur Whealy of this City;
at 3:00 p.m. Mr. John Varley, President of Canadian
Student Liberals; at 3:30 Miss Kathy Riggall, Canadian
Council of Young Drivers; at 4:00 p.m. Mr. Michael
Kusner, Mrs. Claire McLaughlin, Gary Goldthorpe, James
Conrad of the Toronto and District Liberal Association;
at 4:50 Mr. Andrew --- Mr. A. Andrew appearing as an
individual on the activities of Spectrum, an innovative
service group sponsored by the Addiction Research
Foundation of Ontario; at 5:00 p.m. Professor Steven
Clarkson; at 5:30 Dr. Angus McDonald of the Clarke
Institute of Psychiatry; at 6:00 o'clock Mrs. Phyllis
Evans, and some others have asked for time, if possible
before we recess, and we will resume tonight at 8:00
o'clock.

So I call now on Reverend Phillip Le Blanc of the Peel County Task Force on Drugs.

Reverend Le Blanc?

REV. LE BLANC: Mr. Chairman, I have ---
I have other members of the Task Force here with me to

1 help me with this presentation. May I call upon them
2 to help me?

3 THE CHAIRMAN: Yes.

4 REV. LE BLANC: Thank you. Mr. Chairman
5 and Commissioners, we appreciate this opportunity to
6 meet with you once again. We did meet with you a few
7 months ago in Hamilton. The Peel County Task Force on
8 Drugs is composed of twenty-six people representing
9 students, separate and public school boards, recreation
10 departments, police and the school board on social
11 planning. Our group is a sub-committee of the social
12 planning division of community services. Our purpose
13 this afternoon is to give you some of our comments on
14 certain recommendations included in your report. We
15 have chosen to comment on certain general recommendations
16 and on others in which we have some experience.

17 A vote was taken at one of our meetings on these
18 recommendations, and I will ask the members to read
19 out the recommendations and give you any comments.

20 The first recommendation that the Task
21 Force probably could support was the one found on
22 Page 485, Paragraph 420. It speaks of the role of the
23 Federal Government in relation to research, and it was
24 felt by the people involved at different levels, at the
25 Peel County Task Force on Drugs that this was a very
26 necessary element in the workings on drugs. And also
27 the recommendation on Page 486, Paragraph 420, which we
28 also support, but that the Task Force suggests the
29 deletion of the words, "under the present circumstances
30 this calls for Government control, cultivation, production

1 and standardization of cannabis in Canada".

2 THE CHAIRMAN: What paragraph was that
3 again please?

4 REV. LE BLANC: Paragraph 420, Page 486.

5 THE CHAIRMAN: That's the same paragraph
6 as the previous one?

7 REV. LE BLANC: Yes, it deals with the
8 role of Federal Government in relation to research. And
9 Peter Fudge has comments to make on the deletion of
10 that last sentence.

11 THE CHAIRMAN: Deletion of the last
12 sentence, "under the present circumstances?"

13 REV. LE BLANC: Yes, Mr. Chairman.

14 THE PUBLIC: The Task Force would feel
15 at the moment the statement is redundant. It will be
16 assumed that most researchers --- competent researchers
17 would standardize the products that they are experimenting
18 with.

19 REV. LE BLANC: I would ask Mr. Frank
20 to
21 McGoldrick /present other recommendation that we wish
22 to support.

23 THE CHAIRMAN: I want to make sure I
24 have your name right. Frank McGoldrick.

25 MR. McGOLDRICK: We support a recommenda-
26 tion on Page 492, Paragraph 426, the role of the
27 which read, "We recommend that Federal Government keep
28 the media as fully informed as possible of its own
29 information about the non-medical drug use." We support
30 this recommendation. We would add, not as an amendment
but as a suggestion that this be responsible

1 reporting of highly professional nature perhaps in the
2 form of the public information dissemination programme
3 sponsored by such an agency as the CBC rather than a
4 piece meal dissemination of information as it
5 developed.

6 Secondly, moving to Page 544, Paragraph
7 480, yes, this reads, "Prescribing practices and control.
8 The Commission recommends that the Federal Government urge
9 all provincial medical licensing bodies to implement such
10 an education program for all practising physicians."
11 This relates to Page 551, Paragraph 477. We wish to
12 amend the proposal to read not "for" all practising
13 physicians, which to us implies an element of coercion,
14 but "to be made available" to all practising physicians,
15 which is an element of persuasion.

16 REV. LE BLANC: Mr. Chairman, the next
17 person is Peter Fudge from the Rapport group in Brampton.

18 MR. FUDGE: Thank you. Concerning
19 recommendations on Page 544, Paragraph 474, this is
20 dealing with the innovative services; the Peel County
21 Task Force supports this with two changes in section one.
22 We feel that section should read that, "the Federal
23 Government recognizes the necessary and important role
24 to be played by responsible innovative services ---"
25 responsible being added there --- "innovative services
26 in communities across the country. Where possible,
27 federal facilities could be made available to assist them
28 in informing the public of their existence and of the
29 services they are providing." We should add in there that
30 we feel the last sentence should be deleted as being

1 redundant.

2 MR. STEIN: Would you be prepared to
3 give us a small expansion of what your definition of
4 responsible would be?

5 MR. FUDGE: I would think a responsible
6 innovative group is one which concerns itself not only
7 with youth, but with the adult community. One that works
8 to the -est of its advantage with both sides. That
9 attempts to stay as far as possible within the bounds of
10 the law, at least without abusing the law. I think also,
11 qualified help should be used by these groups so that
12 they don't use a therapy themselves when they are not
13 qualified to do therapy, but rather refer their patients
14 to qualified personnel.

15 I would like to give you a brief rundown
16 on the Rapport House that we function at.

17 THE CHAIRMAN: A brief rundown on what?

18 MR. FUDGE: At Rapport House.

19 This particular branch has been in
20 existence for over a year. We provide many of the
21 services outlined in the plan of Section C, the interim
22 report. We have three full time staff of two members
23 resident in the house at all times. In the
24 beginning we had some trouble in being accepted by the
25 community (inaudible) Board of Directors in the
26 concentration of efforts by the staff, the organization
27 has now achieved some full degree of acceptance. The
28 area we serve is primarily the central part of Peel
29 County, a population of nearly 80,000. I would like now
30 to read you a brief summary of our summer activities as

1 given in an addendum to the brief submitted to the
2 Brampton Town Council on May 11th.

3 "The forecast based on the experience
4 of summer, fall and winter of 1969
5 of what the drug scene in Brampton
6 was likely to be in the summer and
7 fall of 1970, that report is pre-
8 decessor, is a conclusion that will
9 be a need for active and increased
10 intervention of parent and child
11 liason and ---

12 (Portion Inaudible)

13 THE CHAIRMAN: Could you speak a little
14 more closely to the microphone please?

15 MR. FUDGE: The conversion of the house
16 took one month, but during that period the four members
17 carried out the functions outlined in the brief to
18 Council. The actual work, and concluding the property
19 purchase and making it habitable was undertaken by
20 the four members. Mr. and Mrs. Fudge and Mrs. Michael
21 Lander took up residence in Rapport House officially,
22 which opened officially on July 1st, 1970. Rapport
23 members provided the first months rent, the rent for
24 the month of July, and --- the rent for the months of
25 July and August and September were provided for with
26 funds we collected in October, 1969 by Brampton youth.
27 The administrator of the fund decided that the money
28 would better serve the youth of Brampton by supporting
29 it during a more critical period. The Brampton Council
30 through the Mayor Youth Committee will contribute
\$200.00 per month for October --- from October 1st through

1 December. We have made an application for granting of
2 aid through the Addiction Research Foundation, and have
3 applied for support through the United Appeal, but as yet
4 we are not sure we are getting (portion inaudible). Con-
5 cerning the more basic activities of Rapport House, Dr.
6 Fraser, a member of our Board of Directors on his own
7 initiative started a free medical clinic catering to young
8 people suffering physical disorders as a consequence of
9 drug use. Dr. Fraser provides medical supplies free of
10 charge and has (portion inaudible). At first Dr. Fraser
11 worked from 5:00 to 6:00 p.m. only but was available
12 at any time (inaudible) approach from Rapport.

13 Now dealing now with Rapport's contact
14 with the hospital, in general is good. Young people
15 with immediate drug problems are able to receive treatment
16 without conflict. If young people when requested are
17 not able to produce their hospitalization number, Rapport
18 absorbs the cost of emergency treatment. After treat-
19 ment, these young persons are at Rapport House under
20 supervision of resident members, thus relieving the
21 hospital staff of a time consuming job of sitting with
22 a patient from one to five yours. Also the hospital
23 is relieved of the necessity to provide is on such a
24 short period of time. Now, in contact with psychiatric
25 staff with this hospital, this is quietly improving.
26 We at Rapport have now earned the privilege of visiting
27 the patients in regular hours, to talk to young people.
28 This is not --- isn't very easy, and does not seem quite
29 satisfactory and quite ready. The hospital authorities
30 have to evaluate for themselves whether we, as an

1 organization were valid or not or could be of service.
2 Between March 1st and September 13th inclusive, 241
3 young people have sought counsel or assistance at
4 Rapport House, but of these eighteen received emergency
5 treatment at Peel Memorial Hospital. Twelve remained
6 overnight at the house. They obtained legal aid for
7 two persons, at a total of (inaudible) information
8 and assistance".

9 Now in brief summary, we have our
10 educational scheme which is going quite well now. We
11 have a dialogue session every Tuesday night which we
12 invite people from colleges, from universities who have
13 something to say, and anybody is welcome to these. It
14 becomes a general rap session, and it's well received
15 by the youth. We also have a meeting now with parents
16 whose children have had drug problems, so that they can
17 exchange information, techniques, things like this for
18 their benefit. In summary now, it is felt that organi-
19 zations such as Rapport must not stagnate but be alert
20 to the moment of passing and implement the time before
21 it becomes obsolete, because it is necessary and
22 meaningful. Rapport recognizes steps to take for
23 renewal and rejuvenation so that work will flourish to
24 the advantage of the community." Thank you.

25 THE CHAIRMAN: Thank you. Mr. Peter
26 Fudge?

27 MR. FUDGE: Fudge, F-U-D-G-E.

28 REV. LE BLANC: Mr. Chairman, if I may
29 add a few words to what Peter has said, the daily load
30 which the innovative service in Peel County has since the

1 last meeting with the Peel group, received grants from
2 Mississauga Council, from the Addiction Research Foundation
3 and also has received tremendous support from the
4 community to support what Peter has said. Unfortunately,
5 Mr. Chairman, one member who was to be with us today,
6 Ed Weiss who was to comment on education, is not here
7 unless he is out in the audience somewhere. If he is,
8 would you mind standing up? I guess he's not here. We
9 have a Mr. David Palmer who is a youth worker giving his
10 services, who will comment on a few other recommendations.

11 MR. PALMER: From Page 521, Paragraph 455.
12 "The Drug Task Force supports this recommendation, but
13 with a substitution of "cannabis" wherever the term
14 "psychotropic drug" is used or implied.

15 THE CHAIRMAN: Excuse me, what paragraph
16 was that?

17 MR. PALMER: Paragraph 455.

18 THE CHAIRMAN: Paragraph 455.

19 MR. PALMER. We thought that there should
20 be a distinction between the type of psychotropic drugs
21 with respect to their effects both physically and socially,
22 and that penalties should be assessed according to these
23 effects. The voting on this particular set of recommenda-
24 tions was nine in favour, six abstaining, plus two who
25 agreed with Miss Bertrand's disagreement on Page 566 of
26 the report, that recommends the removal of all penalties
27 for simple possession of cannabis.

28 From Page 535, Paragraph 467, there was
29 unanimous support for the removal of cannabis from the
30 Narcotics Control Act and replacement under the Food and

1 Drug Act. From Page 537, Paragraph 468, there was
2 support for this recommendation with the deletion of
3 the phrase "at most" in the final sentence. We felt
4 that if someone is in possession of a quantity of
5 cannabis that could be consumed on a single occasion,
6 then the penalty can't be anything less than simple
7 possession. From Page 537, Paragraph 469, there was
8 support for the recommendation with just one change that
9 the record should read, "We recommend the enactment of
10 general legislation to provide for the destruction of
11 all records of a summary conviction for drug offenses
12 after a reasonable time."

13 THE CHAIRMAN: What paragraph was that,
14 last paragraph?

15 MR. PALMER: It was Paragraph 472.

16 THE CHAIRMAN: Destruction of all
17 records?

18 MR. PALMER: Records of a summary
19 conviction for drug offenses.

20 THE CHAIRMAN: I am sorry, do you
21 support the recommendation here or are you changing it,
22 or suggesting a change?

23 MR. PALMER: Yes. We supported the
24 recommendation with this change.

25 THE CHAIRMAN: I see, only for summary,
26 you want to reduce the word summary?

27 MR. PALMER: That's right.

28 MR. STEIN: The first one that you
29 mentioned there, it is Paragraph 455, you said that
30 there was a split vote there, and you were recommending

1 the substitution of the word cannabis for psychotropic.
2 What is the meaning of that as far as you are able to
3 tell us? In other words, what would the persons who
4 voted against this have wanted? Would they vote for
5 detention or imprisonment for other drugs?

6 MR. PALMER: You mean people that
7 abstained from voting? The people that abstained from
8 voting, is that what you mean? There were nine who
9 voted in favour of it and six abstained from voting.

10 MR. STEIN: I am sorry, the first thing
11 you apparently did was to substitute the word cannabis
12 for psychotropic. So I assume there was some discussion
13 about the desirability or the lack of desirability of
14 using imprisonment for other drugs than cannabis?

15 Did you have that kind of an impression?

16 MR. PALMER: That's right.

17 MR. STEIN: What I'm trying to get at is
18 what were the views of the people about the use
19 of imprisonment for, say, heroin for example, or any other
20 drugs?

21 MR. PALMER: The opinion was as I think
22 I said before, that we felt a distinction should be made
23 as to the types of psychotropic drugs. With respect to
24 their effects both physically and socially, and that
25 penalties should be assessed according to these effects.

26 MR. STEIN: So that in effect, well --
27 go ahead.

28 MR. PALMER: From graduation from maybe
29 a middle range drug to a hard drug. The penalty should
30 be assessed as to this graduation.

1 THE CHAIRMAN: You didn't get a clear
2 expression of opinion on the appropriateness of
3 imprisonment for any drug use then? Could that scale of
4 penalties have referred to a scale of fines?

5 MR. PALMER: I believe, yes, we were
6 referring to the fines.

7 THE CHAIRMAN: Your objection was to the
8 notion that there should be a similar range of fines for
9 all drug use, is that --- or did you think that imprison-
10 ment might be appropriate for some drug use?

11 MR. PALMER: I don't believe that this
12 is brought into it. What we were objecting to was the
13 blanket statement.

14 THE CHAIRMAN: I see.

15 REV. LE BLANC: Mr. Chairman, we have
16 other people scheduled to give recommendations. I am
17 unable to sum up their comments and observations
18 at this point, but we will send them to the Commission
19 in Ottawa as soon as they arrive, and also a report
20 from Mr. Ed Weiss who was not able to be here today,
21 unfortunately.

22 THE CHAIRMAN: Thank you very much.
23 Are there any other questions or observations for the
24 members of the Peel County Task Force?

25 We are very grateful to you for
26 the detailed responses to the report, constructive
27 comments, but before you go I think we would also like
28 to have advantage of your presence here to get your
29 views on how drug use has developed or evolved since
30 you last appeared before us. Have you noticed any

1 significant changes in pattern use, drugs used and
2 extended use and attitudes toward drug use, community
3 responses?

4 REV. LE BLANC: I would ask Mr. Fudge
5 to respond to your question, Mr. Chairman.

6 MR. FUDGE: I think we have seen a
7 considerable increase in the use of Speed in particular.
8 There has been a slight decline in the use of the
9 hallucinogens.

10 THE CHAIRMAN: Could you speak a little
11 more closely to the mike?

12 MR. FUDGE: There has been a general
13 increase in use of Speed and amphetamine group of drugs,
14 and a lessening of the use of hallucinogens. This was
15 brought about during the summer, I think, by a general
16 shortage of LSD in our area. The use of cannabis is
17 still about the same level. The attitudes of the young
18 people towards drug use now are split into three
19 factions, the solid cannabis user, the acid hit, and
20 the Speed freak. The Speed freak seems to, on the whole,
21 feel that what he does is his own business and as long
22 as he is not hurting anybody else, that's fine. The
23 cannabis user tends to be the other extreme --- not to
24 the other extreme, but feels that his use of the drug
25 is maybe not socially acceptable, but is not morally
26 wrong. The community response has increased considerably.
27 We have now, I think, in Peel County, a much greater
28 response from various social agencies, and from the
29 Municipal Government. They are tending to back the
30 things that we are attempting to do. And to look more

1 closely at drug use as a social phenomenon --- or at
2 least a wide spread social phenomenon and not just a
3 sub-culture.

4 THE CHAIRMAN: Have you seen heroin
5 used in Peel County in recent months?

6 MR. FUDGE: Very small quantities, maybe
7 only, I would say at the most, twelve capsules have come
8 into Brampton in the last six months.

9 THE CHAIRMAN: What about the age
10 groups using heroin?

11 MR. FUDGE: Of heroin users?

12 THE CHAIRMAN: Yes.

13 MR. FUDGE: One is twenty-two, the
14 other one is nineteen, and I think there are two who
15 are eighteen.

16 MR. PALMER: If I could just make
17 another comment on the heroin thing. Peter is working
18 in --- at present I'm working in South Peel, and I have
19 been quite concerned with the upswing on the use of
20 heroin with younger kids between the ages of sixteen and
21 twenty. We have found that there are at present maybe
22 three or four specific areas where heroin is being used.

23 MR. CAMPBELL: Does there seem to be a
24 with
25 decreasing interest in heroin / people who have perhaps
not used it so far?

26 MR. PALMER: The big thing, the scare
27 thing with heroin is the type of stone that heroin is.
28 It's completely different than any other type of stone,
29 and it's a big step from a middle range drug to the
30 heroin --- the hard drug thing with heroin.

1 THE CHAIRMAN: Are there any other
2 questions or comments? If not, I thank you very much
3 gentlemen for your assistance today. Thank you. I
4 hope you will send us any information that you think
5 might be of help, any further comments on your own
6 situation. And any further responses to the report.

7 REV. LE BLANC: We will, certainly.

8 THE CHAIRMAN: Thank you very much.

9 We call now on Mr. Arthur Whealy, barrister
10 of this City.

11 MR. WHEALY: Mr. Chairman, and members of
12 the Commission --- am I being heard?

13 THE CHAIRMAN: Yes.

14 MR. WHEALY: I have two purposes in
15 making the submission today, the first is to react to
16 interim report and the second is to make a legislative
17 proposal on the non-cannabis question, which in my
18 view is a far more important subject matter to be dealt
19 with. Dealing first with the interim report, may I say,
20 respectfully, that it has my whole-hearted support and
21 approval as a suitable and appropriate vehicle to foster
22 general public awareness of facts, of experience and
23 of expert opinion collected together in a meaningful way.
24 It was a vehicle about which public discussion can now
25 focus. I do not intend to discuss it in general, because
26 I wish to use the limited time that I have to make a
27 proposal. Going on with that, I would say that the law
28 is only as strong and as viable as its base in public
29 support and acceptance, regardless of all the informed
30 expert opinion, if the general population do not support

1 a particular law, it is bad law and usually unenforceable.
2 As an example, cigarette smoking is generally conceded
3 to be an important cause of cancer, as well as other
4 diseases, by experts. Yet I doubt very much if the
5 public would accept, or obey the prohibition as to
6 tobacco. Until the public then are adequately informed
7 or given an opportunity to make an informed opinion, it
8 will always tend to resist change. In my respectful sub-
9 mission, the interim report provides the public with
10 the material with which to provide an informed opinion.

11 When I made submissions to this Commission
12 in October, 1969, I took the position that Cannabis
13 Sativa should be removed from the arena of prohibited
14 drugs for specific reasons which I then presented. I
15 have read the interim report on this point with care,
16 and I remain of the same view. I therefore respectfully
17 agree with the dissent of Madame Bertrand.

18 My experience continues to persuade me
19 that, regardless of the technical and scientific
20 questions which as yet cannot be answered with certainty,
21 there
22 concerning Cannabis Sativa, is overwhelming empirical
23 evidence to support a number of points. First, that its
24 use has an ever growing base of public support among
25 responsible and otherwise law abiding persons and groups
26 --- I have in mind the Young Liberal Conference in
27 Ontario, the Conservative Conference in Ontario, the young
28 Lawyer's Conference of the Canadian Bar Association, to
29 mention a few. Secondly, the present law is helping to
30 breed, in my view, a general disrespect for our
institutions of justice and law enforcement, as

1 well as our political system, the time when this should
2 be a matter of major concern. Thirdly, the present law
3 is unevenly enforced, in the sense that no attempts are
4 made at enforcement of use or trafficking during and
5 at the so-called Music Festivals, where use is open
6 and flagrant, whereas individuals are subject to
7 prosecution on all other occasions. Fourthly, that
8 the illegal and clandestine environment of the drug
9 market place, in addition to introducing users to a wider
10 range of drugs than they might otherwise be useful, may
11 well also provide a natural recruiting centre for politi-
12 cal radicals to reach the otherwise neutral or
13 simply curious youths. I don't know that that is
14 much more than a speculation, but I do put it before
15 you. Fifthly, those who have used cannabis in
16 moderation are more persuaded by their own experience
17 than by all the expert opinions put together. These
18 persons are generally useful citizens who rarely come
19 to the attention of the police, and it is my submission,
20 my experience, I can't prove it, that this group is far
21 more numerous than the authorities care to admit.
22 Sixthly, the present law is unenforceable in the sense
23 that it wholly fails to deter the increasing use of
24 cannabis, even among those already convicted. It is my
25 personal opinion that in 1970 or 1971, it is several
26 years too late to meaningfully legislate on the subject
27 of cannabis. I can only hope, therefore, that the
28 interim report will draw a larger part of the public
29 into public discussion on an informed basis.

30 Dealing with the other matter, that is

1 the proposal I would make with respect to the non-cannabis
2 drugs, there are three main points that I would like to
3 put before you. The first is that Canada should avoid
4 committing itself to any policy under international
5 agreement or protocol, before a final report of this
6 Commission has been made and the national debate has
7 ended. The Government has adopted a new policy based
8 on the results of that debate. Secondly, that such new
9 government policy will commence with a consideration
10 in depth for the purpose and policy of any legislative
11 controls; specifically, to decide whether our national
12 objective is to punish behaviour or to treat behaviour.
13 And thirdly, that the existing legislation be scrapped and
14 a single statute be created to deal with all such
15 substances, and all illegal behaviour in relation to
16 them, according to that new policy.

17 One of the most commonly advanced
18 arguments by those who oppose any change or softening of
19 the present law, is that Canada is presently bound by
20 the Single Convention on Narcotic Drugs, of 1961, and
21 that Parliament cannot unilaterally alter domestic
22 legislation without dishonouring an international
23 obligation. The simple answer to that is that Canada
24 can withdraw from that Convention if it wishes to alter
25 domestic legislation, and the correct procedure for
26 doing so already exists. In my view, that argument is
27 intolerable and ought not to have any influence whatsoever
28 in determining domestic legislation. This Commission's
29 work and the serious public debate it deserves is a
30 total waste of effort and money, if Canada cannot alter

1 its present laws according to the result of that debate.
2 Canada's international commitments ought to reflect
3 the free and willing participation of the nation, and
4 not an imposition upon the nation of views determined
5 elsewhere.

6 At the present time, representatives
7 of the Government of Canada are negotiating with other
8 nations for changes in our international obligations. At
9 least discussing and under progress --- I cannot understand
10 how the Canadian representatives can express a Canadian
11 view at these meetings, when that view is presently the
12 subject of a formal and massive inquiry which will not end
13 for several months, if not longer. It would be alarming,
14 if not worse, if we were to be faced, say two years from
15 now, with a hard won public concensus for domestic policy
16 which we could not implement because of international com-
17 mitteds entered into during the course of that concensus.
18 And this is particularly true when any observer today can
19 see that the current views of the Federal administration
20 are obviously at variance with not only some views presented
21 to this Commission, but some of the views of the Commi-
22 ssion as expressed in this interim report. I urge the
23 Government of Canada to publicly undertake that it will
24 not place Parliament, this Commission and the public in
25 that position.

26 The starting point of any new policy must
27 be an inquiry as to what the objective of the law ought
28 to be. Are we trying to cure the sick or punish the
29 stubborn? Are we dealing with public safety or private
30 morality? Is drug legislation to be an end in itself,

1 or a segment of the larger issue of the use and limits
2 of criminal sanctions in a free society? It is quite
3 clear that if the public generally regards drug use as
4 private morality, the criminal law ought not to be
5 involved at all, even though health legislation may
6 well be involved. No new legislation will be
7 acceptable if it is the result of tinkering with
8 the present statutes. We are entitled to a debate on
9 first principles.

10 My own submission is that the dominant
11 approach of all drug legislation should be rehabilita-
12 tive and not punitive. While some criminal sanctions will
13 be necessary, they ought primarily to be directed to
14 coercing users into therapy rather than exacting
15 retribution for past deeds. Secondly, the legislation
16 ought to reserve criminal sanctions primarily for those
17 who peddle or manufacture drugs.

18 It follows therefore, in my view, our
19 drug legislation ought to clearly enunciate that principle,
20 and to make it clear to the judiciary that the tradi-
21 tional principles of sentencing, that is, the protection
22 of society, deterrence and rehabilitation, in that order,
23 do not apply to drug users, and I'm not speaking of
24 peddlers or manufacturers, but rather rehabilitation
25 is to be dominant. The traditional principles would,
26 of course, apply to those who sell or manufacture dangerous
27 drugs.

28 I would therefore suggest that all
29 present legislation be scrapped and that a single new
30 omnibus statute be created governing all non-medical use

1 of drugs. The present categories of narcotic, controlled
2 and restricted drugs, in my view, are artificial.

3 Under the new statute drugs would be divided
4 by list into two groups, those with no known or
5 recognized medical usage, and those with known or
6 recognized medical usage. Again I emphasize I would
7 exclude cannabis entirely.

8 The statute would also divide behaviour
9 into two categories. The use of either category of
10 drug, the simple possession of it, as such, and deem all
11 other use or behaviour, that is sale, distribution,
12 manufacture and importing.

13 The use of either category of drug would
14 result in a proceeding before --- I have suggested a
15 County Court Judge who would determine whether the user
16 should be adjudged to have the status of a drug
17 dependant, and if so, a certain result would follow.
18 If not, he would be discharged. If so, the Judge,
19 without creating a criminal conviction, would order a
20 compulsory treatment either as an out patient or in a
21 custodial hospital, as circumstances required in the
22 individual case. This is, in essence, an extension of
23 the probation or parole concept, but without any conno-
24 tation of conviction. Release from treatment and control
25 of the court would be upon the advice of a suitable
26 composed committee of those in charge of treatment.
27 Willful failure to obey the court order would be treated
28 as contempt and dealt with as such. In this context
29 treatment means both medical and psychiatric therapy as
30 well as follow-up counselling.

All other unauthorized behaviour in relation to a drug should be treated as a crime, either by summary conviction or indictment at the election of the Crown, the same system that it presently operates with respect to offenses on control on restrictive drugs, and the possession of narcotics. A different scale of punishment dependant upon whether the drug was in the non-medical use or medical use group, would be permitted to the court. And it should be relevant to sentence to have evidence of the dangers or otherwise of the drug to society, so that the more dangerous drugs would attract more heavy penalties. The usual rules of criminal procedure and forum would apply to these offences.

One could also provide for a user-trafficker by a continuation of custody and therapy, though there is little evidence this would succeed, or by making it optional for the court to sentence to jail or to the custodial therapy institution according to the circumstances. The concept of trafficking should be restricted to the exchange of drugs for money or money's worth, and exclude the giving of drugs in the context of joint use. Two users mutually keeping each other in supply, should not constitute trafficking, as it is in the present law. The present offence and procedure relating to possession for the purpose of trafficking should be abolished, in favour of the crime of unauthorized use, which together with the general provisions of attempting to commit a crime and conspiracy, should adequately cover all such behaviour.

Such a system of non-criminal and criminal law controls, in my view, would satisfy many points of view, as well as make a clear and generally comprehensible law. It would bring the fragmented laws together and provide a single source of law. It would honour, in the main, our international obligations, subject to my earlier remarks. It does away with the controversy surrounding so-called hard and soft drugs. It would give legislative fact to current scientific knowledge, a rehabilitative therapy and practice, and informed opinion. And it would, I submit, be an acceptable compromise between the conservatives and liberal positions on the drug question. It would avoid convictions and records for persons convicted of simply using them.

In my view, the suggested legislation is entirely within the legislative competence of the Federal Government, and this is very desirable. One of the chief areas of the Narcotic Control Act of which Part II has never been proclaimed in force, is that it is directly the result of Parliament's policy of enacting laws which depend on complimentary future provincial legislation in order to be effective. The provinces were to set up custodial institutions for treatment before Part II was proclaimed. It is a decade later and not one province has set up such an institution.

A second reason why the Narcotic Control Act is a failure, is that it mixes therapy with punishment, a concept I have tried to avoid in the interest of aiming solely at rehabilitation for users. One requirement indispensable to this proposal, is obvious,

1 and that is facilities for treatment must be built and
2 staffed. This will require public funds and expensive
3 skilled personnel. The relative cost of such a
4 programme is not to be ignored, but I submit it will
5 be much less than the direct and especially the indirect
6 consequences and costs of continuing the present criminal
7 law approach.

8 I concede that my proposal is not
9 perfect. Many countries have tried different approaches
10 to this same issue, and all have some faults. What
11 has been my guiding principle in this approach has been
12 these personal convictions. First, that there is a
13 limit to the effective use of the criminal sanction to
14 coerce behaviour. That in Canada we are all too prone
15 to resort to criminal legislation without considering
16 alternatives. In criminal law, in an open democratic
17 society like ours ought to be reserved for that class
18 of behaviour which threatens the society itself, or the
19 freedom and liberty of its individuals. In essence I
20 find myself in agreement in main with the quotation in
21 part of the interim report. And secondly, the use of
22 many substances which are already --- all recognized
23 as potentially self destructive, are already tolerated
24 in our society. And it is inevitable that there will
25 be additions and subtractions to the list over the years.
26 The personal choice associated with the use of such
27 substances ought not to be interfered with by Criminal
28 legislation, unless the clearest public necessity is
29 demonstrated.

30 Thirdly, that generally speaking, in an

1 open democratic society, the citizens will more readily
2 accept, or at least tolerate, a system of control as
3 distinct from prohibition . Fourthly, that a fresh
4 approach is absolutely necessary in this area because
5 the present laws are manifestly unsuccessful.

6 Mr. Chairman, I have not attempted to
7 deal with specific drugs, nor have I gone into the
8 legislative intricacies of evidence, the burden of
9 proof, procedure or fact situations. These must be
10 worked out by technicians of the law, medicine, psychology
11 and psychiatry once the policy to govern has been
12 decided. All too often we complicate the policy debate
13 with arguments on methods of implementation, and thus
14 confuse the two separate entities. I would be prepared,
15 however, to submit an implementation proposal, that is,
16 the details of law and administration, as I can see them,
17 if the Commission wishes to consider that second step.
18 I would do so by a written submission at some future
19 time.

20 My submissions have been deliberately
21 short in point of time. An uncomplicated idea that has
22 any merit should speak for itself. I hope, therefore,
23 that my proposals will not suffer oblivion because they
24 are too simple.

25 THE CHAIRMAN: Thank you, Mr. Whealy.
26 As I understand, your proposal for a compulsory rehabili-
27 tation --- rehabilitation compulsory treatment would
28 depend on determination of the status of drug dependence.

29 Do you see the condition as being a
30 medical condition --- the essential condition of this

1 coercion as being a compulsory intervention, as being
2 a treatment calling for medical intervention?

3 MR. WHEALY: I wouldn't limit it to
4 that. I think where a person has demonstrated to, for
5 instance, a psychologist that his behaviour has reached
6 a point of abnormality, that he is not functioning well,
7 regardless of the assertion that he has given up at
8 a moments notice, would call for the compulsive
9 treatment. I think one of the obvious things that is
10 happening in our society, is that people seem to be
11 functioning reasonably well, but in fact, they are
12 slowly deteriorating in attitude, or in ability to
13 perform their work. They can increase their productivity
14 in views of an economic term. And a person who is so
15 imbued with the idea to use the drug, I would class him,
16 that he is dehabilitating, in that way, I would class him
17 as a dependant. He might not need medical help, but he
18 might very well benefit substantially from out patient
19 psychiatric and psychological therapy and counselling.

20 MR. CAMPBELL: In this definition of drug
21 dependence, one possible definition is physical, or the
22 psychologically dependant. But I am told that in some
23 jurisdictions there is the opinion that people may be drug
24 dependant, they may be receiving, say, methadone maintainer-
25 ance, and they may continue to be very productive people.
26 Now these may be few in number, but nevertheless, such
27 cases I am told exist. Now, in terms of your explanation
28 of dependency, I am not sure how you intend to cover these
29 people as requiring some further compulsory treatment.

30 MR. WHEALY: I think what might happen

1 in practise, if my proposal is executed as I conceive
2 it, would be that maybe a Judge could have the status
3 and he would then fall, by virtue of the court's order,
4 to jurisdiction of a treatment committee. The treatment
5 committee might very well say, well you carry right on
6 with your methadone treatment and go back to work, and
7 just report to us periodically on a parole basis --- or
8 on a probation basis. Each case would have to be taken
9 on its merits, outside the context of law, by the
10 treatment committee who would be presumably equipped to
11 deal with it in assessing it.

12 MR. CAMPBELL: Would you include a drug
13 dependant in this context, not only those who might show
14 a dependency to say heroin or the amphetamines, but other
15 drugs such as alcohol?

16 MR. WHEALY: Well of course, I had
17 proposed that there be a list of drugs, some having
18 medical uses and others for no known medical use. So
19 that would be a policy decision as to whether you threw
20 medical --- or at least alcohol into one or other of
21 those lists. I personally would not conceive alcohol as
22 being one of those drugs under the statute. I think it
23 is a special problem because of its social history in our
24 society.

25 MR. CAMPBELL: You suggest, I take it
26 then, that the Court would give expert testimony on
27 the status and then the Court would come to a decision
28 as to whether he was dependant?

29 MR. WHEALY: Yes, I would conceive that,
30 and, frankly, I tried to find a way of doing it without

1 the courts. But it seems to me that any one of the
2 solutions that legislation can come up with with respect
3 to an individual does affect his liberty, and I think
4 that as soon as you take it out of the court system,
5 you start putting it in the hands of an administrative
6 board with right to restrict freedom. I don't think we
7 are ready for that in our society. I would see the
8 court be put in a position of requiring and having to
9 abide by evidence placed before it on a technical and
10 professional nature.

11 MR. CAMPBELL: But once you have
12 difficulty however with the idea of insanity or the
13 concept of the psychoactive personality, the type of
14 difficulty that has arisen in insanity, would it trouble
15 you in moving further in this direction?

16 MR. WHEALY: Because it is a status
17 inquiry, insanity as such would be known to law and
18 not medicine; it would be irrelevant. It would either
19 be dependant or not, and I recognize the thought of
20 that, and I think that the dycotomy between the legal and
21 medical version of insanity can be avoided in this way.

22 MR. CAMPBELL: Because there has been a
23 difficulty in defining of insanity, I agree that
24 insanity may be relative to a person who is dependent,
25 but I am thinking of the type of difficulty which has
26 arisen in trying to judge a person sane or insane, or
27 psychopathic or non-psychopathic, and I think many
28 jurisdictions have found this difficult, would we not
29 have a risk of running into precisely the same difficulties
30 in defining individual dependence?

1 MR. WHEALY: It might in theory. I doubt
2 if it would in practice. Because there is no conviction
3 in law, because what you are really done is putting
4 people in the hands of a treatment team who can discharge
5 him according to their expert opinion. You might very
6 well have the benefit of doubt cast in favour of treat-
7 ment, rather than in favour of discharge, solely so that
8 the treatment team can assess him. Insanity, and one
9 of the reasons that insanity is such a huge problem in
10 the law is that it has always cropped up in serious cases.
11 I have never heard of a case of insanity being pleaded
12 when it is a defence such as vagrancy or theft under
13 \$50,00, because the consequences of being found legally
14 insane are far more serious than being found legally
15 guilty. When you are talking about legal insanity, you
16 are talking about a person, generally speaking, charged
17 with murder or manslaughter, and some serious crime where
18 to be found insane lately, and to be sent away at the
19 pleasure of the Lieutenant Governor is preferable to what
20 is likely to happen to him if he isn't. So I think the
21 thing de-escalates as an important topic as to the conse-
22 quences of the individual.

23 MR. CAMPBELL: What about the consequences
24 about the individual of a possible very severe stigma that
25 might be associated with the idea of drug dependency? Do
26 you think this stigma would be very heavily placed on
27 the individual?

28 MR. WHEALY: Again, I don't think I can
29 satisfactorily answer that. I think perhaps at the
30 beginning there might be a risk, and a recognizable risk,
but if the programme was any success at all, it would

1 diminish as the success of the programme increased. Now
2 if the programme was a failure, then the connotation of
3 the drug dependence might be serious.

4 THE CHAIRMAN: As I understand your
5 proposal, you really don't contemplate a prohibition of
6 any and all use of these drugs, dangerous drugs, which
7 would appear in your statute, but you only contemplate
8 intervention with respect to use where it has
9 produced dependence. Is that right?

10 MR. WHEALY: That's right. If there is
11 no dependence, the man is discharged, or a woman is
12 discharged. There are almost as many women using it now
13 as men.

14 MR. STEIN: I realize now we are kind of
15 getting into details where you would suggest perhaps a
16 better way to agree, are necessarily in improving a policy.
17 But what about the individual, have you thought about
18 the individual who may be physically dependent on the
19 drug - before we had the feeling that it wasn't strictly
20 medical, but supposing he is physically dependent and
21 uses it regularly, but appears to be functioning?

22 MR. WHEALY: Well again, I think that
23 the Court is --- I would propose legislation would be
24 part of the treatment team. It would be the part of
25 the treatment team then to deal with the matter on a
26 non-legal basis. The whole approach I am trying to
27 achieve is get it out of the courtroom where a totally
28 unequipped judge and two unequipped lawyers are arguing
29 over a man's liberty, and they haven't got the competence
30 to deal with that problem.

MR. STEIN: There is one other question.

In the Juvenile Court there is something of this approach taken, something of this philosophical orientation to the child. In other words, he is not dealt with as a criminal, but there has been and continues to be a great deal of concern raised about the imposition on young persons, treatment programmes in their best interests, and especially when they are presented, the justification is that they shouldn't be given a criminal record, so therefore what possibly could be the complaint. Whether they happen to be adequate facilities or not is kind of brushed under the table. We heard this morning from the Toronto Metro Policewoman that there were very poor facilities for juvenile offenders. Now in relation to your comments on facilities for drug dependent people, you are acknowledging they are practically non-existent. Would you feel that the implementation of this legislation as you envision it, must await the development of these facilities, or would you be in favour of developing the legislation and to declare people as drug dependents and hope for the best in terms of what might happen in their treatment?

1 must be if not prior to the legislation, at least co-
2 existent.

3 MR. STEIN: Well when you use the word
4 facilities, you don't just mean buildings I presume.
5 You mean programmes?

6 MR. WHEALY: I mean programmes. The
7 Department of National Health and Welfare have got to
8 set up provincial and regional teams who are equipped
9 in premises to deal with this situation. We already
10 have a good basis to know what kind of facilities, what
11 size of facilities we need. We know how many people
12 are before the courts. And we know it's ever increasing.

13 MR. STEIN: I'm not sure we know what
14 kind of programme we need. Whether they are psycho-
15 therapy or group encounter, half-way houses. There is
16 great uncertainty about what, if anything, would work
17 with the drug dependent person.

18 MR. WHEALY: Well I acknowledge that, and
19 I think there is serious criticism of the kind of
20 approach I make. But let me put it this way. If we
21 wait until we know what is going to be successful, we
22 will be many, many generations older than we are now,
23 and my feeling is that the original teams have to
24 function much in the way the Ontario Addiction Research
25 Foundation. They experiment intelligently on
26 different programmes, and they come up with different
27 answers. They are gradually learning, and I think that
28 this programme ought to have that same feature.

29 DR. LEHMANN: Your programme then
30 assumes that there is effective treatment and rehabilita-

1 tion possible and there will probably be those for
2 whom it would not be possible. Now would you think, let
3 us say, if 20% or 30% could not be rehabilitated, you
4 would still feel that for the rest the programme is
5 valuable, at least 30% might be stigmatized. That
6 wouldn't really make any difference.

7 MR. WHEALY: I think it is preferable.
8 The stigma of being a drug dependent being treated, is
9 far less than having a criminal conviction which is the
10 present alternative. Yes, so far as the first part of
11 your question is concerned, if we were able to --- I hate
12 these phrases --- but if you can return to the mainstream
13 of society, 20% or 30% of the people who go through the
14 programme we are away and far above the percentage we
15 are keeping now by deterrent sentences. And I am well
16 aware, Doctor, that the success rate at Lexington,
17 Kentucky is not all that encouraging. But again, it
18 seems to me you have to try something other than what
19 we are doing, and this programme of giving criminal
20 convictions and no treatment is an infinitely worse
21 choice to continue with.

22 DR. LEHMANN: And what would you do with
23 the few hopefully who could not be rehabilitated?

24 MR. WHEALY: They might very well pass
25 through this chain of rehabilitation more than once.
26 After all, once a man was released, the subject was
27 released by the treatment team, and he was subject
28 immediately to being brought back before the court, and
29 if he was again found to be a user he would be judged
30 as another dependent. The treatment team, of course,

1 having the power to discharge the man, might very well
2 say he's hopeless, we can't do anything. We don't have
3 the facilities to keep treating this man. We know it's
4 going to be unsuccessful.

5 DR. LEHMANN: Well what could be done
6 then?

7 MR. WHEALY: Well unless that man is /
8 committing some other offence, I suggest he doesn't belong in the
9 criminal system. He doesn't belong in jail. We would
10 have to have another category for that.

11 MR. STEIN: I have one last brief
12 question. What would your view be about the comment
13 made by some of the individuals I have talked to, that
14 when they come out of a mental hospital they have a
15 great, if not a greater sort of stigma to live with than
16 if you were an ex-convict. In other words, the difficulty
17 of coming from an institution that is attempting to
18 treat your mental problem arouses as much anguish in
19 the discharged person as the ex-convict sometimes feels
20 in trying to start his life over again. Do you have any
21 sense of whether that is an accurate anxiety and whether
22 there is a way to avoid this in the concept that you
23 have put forward here?

24 MR. WHEALY: There is a number of
25 techniques possible for dealing with it, and when you
26 make these proceedings unreportable or in camera ---
27 I tend to avoid that, I don't like that kind of justice.
28 Yes, I think particularly in uneducated people, unsophis-
29 ticated people, the reputation of having to go to a
30 head shrinker is pretty bad. But surely we can live with

1 that in preference to what is going on now. The ex-
2 convict can't get work. At least the man who has been
3 through the mental hospital has a medical discharge, and
4 doesn't have to answer questions to the effect such as,
5 "Have you ever been convicted, have you ever been in a
6 mental hospital"? He has a better fighting chance. I
7 recognize your point is very valid, but I can't give as-
8 surances that I can work out a happily every after solu-
9 tion, but I think it is preferable yet to criminal conviction.

10 MR. CAMPBELL: There was an ad in the
11 Sackville paper when I lived in a little town in the
12 Maritimes. "I want it known that my son John is not a
13 patient in the St. John Mental Hospital. He's still
14 serving his three year sentence in Dorchester Peniten-
15 tiary." "So and so's mother".

16 MR. WHEALY: Well I went to school in
17 the Maritimes and I can understand that very well. But
18 times will change hopefully.

19 DR. LEHMANN: To come back to the
20 hopefully few people who could not be rehabilitated,
21 they would be left alone you propose? What should be
22 done with regard to the availability of drugs for them?

23 MR. WHEALY: Well, it seems to me if
24 they are untreatable and nevertheless have been judged
25 dependent, the treatment team may very well put them on
26 a kind of probationary release, and if they don't get
27 into the illegal drug market to obtain supply, if you
28 can't get them off it, then it is better to supply them.
29 It is something along the lines of the English approach,
30 but if we don't try to treat these people except in the

1 context of G.P. I am suggesting that specialized insti-
2 tutions should try to treat them and if that fails, the
3 maintenance dosage can destroy the illegal market and
4 make it an unprofitable operation and prevent these
5 people from having to resort to other forms to try to
6 supply that. It is preferable from a social point of view.

7 THE CHAIRMAN: Thank you very much,
8 Mr. Whealy.

9 I Call now Mr. John Varley, President
10 of the Canadian Student Liberals.

11 THE PUBLIC: Is there a chance for the
12 public to speak?

13 THE CHAIRMAN: Oh yes, always. Always.
14 There is always a chance.

15 THE PUBLIC: How does ---

16 THE CHAIRMAN: You just step up to the
17 microphone, or just indicate you wish to speak. Go
18 right ahead now.

19 THE PUBLIC: I can do it right now?

20 THE CHAIRMAN: Definitely, you can do
21 it. Would you use the microphone please?

22 THE PUBLIC: Yes.

23 THE PUBLIC: It's been mentioned here
24 that this whole subject would be of no concern to us
25 unless it were reflected to the community. I believe it
26 is essential to the existence of society, that's the
27 only reason one has to take certain steps. It is of
28 no concern to me whether any person uses drugs to get
29 whatever pleasures he wants out of it. It is of very
30 much concern to me if anybody facilitates, induces, helps

1 others towards the use of drugs, particularly to young
2 people. In your report and I haven't read it I must say,
3 I refer to a resume out of Time, you elaborated --- I
4 must apologize for this --- that you believe that the
5 emphasis must shift from the reliance on suppression
wise
6 to reliance on the exercise of freedom of choice. That
7 is your first recommendation, according to Time. The
8 second one would be that you have advocated the maximum
9 sentence for trafficking be no more than eighteen
months ---
10

11 THE CHAIRMAN: Excuse me, that's
12 trafficking in cannabis?

13 THE PUBLIC: Yes. And that the maximum
14 fine would be \$100.00 and only after some time. You
15 have further along there advocated that --- or stated
16 your opinion that unless Canada wanted to do what
17 Britain has done, that is suppress amphetamines and
18 this other stuff, this would cause --- a further cause
19 of youth alienation is indicated in your generation and
20 you have disregarded with due respect the fact that an
April Gallup Poll found that 77% of Canadians of all
21 ages oppose the legalization of marijuana. Now having
22 stated this, I would like to ---
23

24 THE CHAIRMAN: Excuse me, I just want to
25 have the record straight there. What do you mean, we
26 disregarded that item.
27

28 THE PUBLIC: You didn't put it into
your report it says here.
29

30 THE CHAIRMAN: We didn't make reference
to the Gallup Poll, the opinion of the Gallup Poll?

1 THE PUBLIC: It doesn't seem to have.
2 This is an opinion, and not a statement of fact. It
3 doesn't seem to have much effect on your findings,
4 your recommendations, the fact that 77% of Canadians
5 of all ages oppose legalization of marijuana. Now,
6 I belong to the 77% in spite of my long hair. And I
7 would therefore say this: the first question that has
8 been stated is that the use of drugs has now become
9 something in the nature of an epidemic amongst young
10 people in particular. And one ought to question oneself
11 where and why that's come from, and what one can do to
12 stop this epidemic. Now, I believe of course that the
13 epidemic is done because young people have been brought
14 up in what is generally termed "the cannabis permissiveness"
15 and unfortunately they seem to look for ways in which
16 they can ratify their desires for pleasure in what is
17 apparently a cheap way. They do not realize, being very
18 young, that in effect it is the most expensive way in
19 which they can ratify their pleasures. And since they
20 do not know it, I cannot concur with your findings in
21 your beginning --- in the beginning, that you can rely
22 on the wise exercise of freedom of choice, because very
23 young people obviously have not the basic knowledge on
24 which to --- out of which to make that choice.

25 It has been stated in various parts of
26 the report in the newspapers at any rate, that you do not
27 believe what the police have told --- or stated time and
28 again, that the use of marijuana leads to the use of
29 harder drugs. Well, it's been said that there is no
30 evidence for this. The evidence of course, in my opinion

1 again, is that there are a steadily increasing number of
2 heroin users proportionately, and in actual fact, and
3 since this seems to follow on a steadily increasing use
4 of marijuana users, I see the connection between the
5 two.

It has also been stated

6 that it is not proven that the use of marijuana or
7 cannabis or hashish is in effect harmful to one's health
8 and I would with all respect say to the Commission that
9 it didn't look into the right places to get confirmation
10 of whether or not this is harmful or not. And I would
11 state here that in countries where cannabis has been
12 used extensively over a long period, the effect can
13 readily be seen. Canada, of course, has only had this
14 problem for a very short time, but in South America, and
15 in Africa and in the Middle East, places that I do know,
16 you can spot someone who has been --- or population
17 groups are clearly defined amongst cannabis or hashish users,
18 you can see the effect that it has on a large number of
19 people, which as I said before are clearly defined. If
20 you want one simple example --- I hope I'm not throwing
21 you off by talking too long --- one example are the
22 (tribes) in the southern part of Africa who have for a
23 couple of hundred years used marijuana and they are
24 submissive and they will take kicks from the white man
25 where the Negro who does not generally speaking, will
26 kick back with his kick, and that's just one. You know
27 the status of peasants in South America who do take it
28 who have never yet revolted against what many people
29 consider is oppression or whatever you like. Now, there
30 are ways in which one can stop the spread of the epidemic.

1 In China, which as everybody knows, the use of heavy
2 drugs over a long time often encouraged by opium. In
3 China, when the present regime came into effect,
4 or came into force, issued a regulation that anyone
5 using opium --- or not using, anyone selling opium would
6 in effect be sentenced to death. And that put a very
7 quick end to the selling of opium. Now I do not by any
8 means advocate that anyone who sells what you call it,
9 marijuana cigarettes, should be put to death. But they
10 have in effect done so, and the World Secretariate will
11 tell you that the use of opium has greatly diminished
12 in China. However, China also knows the effect of this,
13 and therefore she puts no hindrance at all to the export
14 of opium and other drugs --- how you say, drugs into
15 the outside world. Now, what I believe one wants to do
16 is to now prosecute anybody who is himself using drugs,
17 because in many cases this person is already on the way
18 to, what should I say --- passed any help. This is my
19 opinion. One should very strongly prosecute and make
20 it therefore impossible, the trafficking in any kind of
21 drugs. That includes marijuana, that includes the
22 stronger hashish, and that of course includes all the
23 other ones. One should put --- even a youngster who is
24 only eighteen years old who induces another one to the
25 use of drugs, one should prosecute and one should
26 punish him for it. If he wants to do it himself, that's
27 his bad luck, or good luck, but he would not get
28 somebody else to do it. I know a case --- there are
29 thousands like this, there's a girl at the most
30 expensive girl's school in Toronto, Bishop Strachan

1 School, one of her boyfriends induced her to use the
2 damn stuff, marijuana led to other things. This is my
3 recommendation. Anyone who advocates, or who induces
4 or provides anybody else, at no matter what age, the
5 giver, no matter age, to take it, the one who provides
6 it should be most severely punished.

7 THE CHAIRMAN: Thank you. Mr. Varley?

8 MR. VARLEY: I noticed the widespread
9 applause. I suppose I shouldn't try and respond to
10 that, but there is just one thing that bothers me about
11 the last speaker's statement, and that was that the
12 overwhelming majority of Canadians do not support that.
13 Well, I think I represent a group that is hardly what
14 you would call the radical fringe, and the majority of
15 our people have been working on this problem for a long
16 time, and have come out in several instances for
17 legalization of cannabis. I might just describe the
18 process that the Canadian Institute of Liberals have
19 been going through with this problem. It's something
20 that we have been working on for over a year and a half,
21 since about May of '69. We presented our first brief
22 in November, 1969 to the Commission in Winnipeg, and then
23 another member of our group, Mr. Terry Devlin presented
24 a petition again in Vancouver from a personal point of
25 view. Since that time of that petition we have been
26 carrying on the most extensive discussion within the
27 clubs across Canada to come up with a very good feeling
28 of how people who are members of the Student Liberals
29 across Canada feel, in the sense that our reaction
30 cannot be necessarily technical or legal because our

1 background is not technical or legal, but that our
2 reaction is that of a feeling from a large group of
3 young people who are not the type of, shall we say,
4 the usual stereotype of the person in the minds of the
5 last speaker --- of people who use cannabis. Since then,
6 we have prepared the statement that we issued in July,
7 which got a considerable amount of reaction from many
8 of the Ministers in Government and we then put out the
9 Riposte which was the second statement to cover some of
10 the points that we were asked at the press conference
11 which released the first response to the Interim
12 Commission Report. And as well, we have had a study
13 group which has canvassed 5,000 people from across
14 Canada, and we will be preparing a detailed report and
15 appearing in Vancouver. The intent therefore, my
16 appearance here is to --- to make the general statement
17 and perhaps follow up a couple of other points. And of
18 concern about a Government reaction to the interim
19 report since the publication.

20 First of all, the response --- the
21 original response from the Canadian Student Liberals.
22 The Canadian Student Liberals agree with the LeDain
23 Commission that the process of law enforcement and
24 conviction for simple possession of cannabis is "out of
25 all proportion to any good it is likely to achieve". And
26 we further agree that simple possession of any psychotro-
27 pic drug should not be liable to imprisonment. Surely
28 imprisonment is a mistaken, improper and shallow response
29 to a social condition of psychological, physiological,
30 and medical dimensions.

1 We cannot accept as a final position
2 that cannabis be removed from the Narcotics Control Act
3 only to be placed under the Food and Drugs Act. The use
4 of psychedelic and hallucinogenic drugs, particularly
5 cannabis, is an integral part of an existing and
6 developing culture whose system of values differ from
7 the prevailing culture and norms of the majority
8 population. If drug use is a question of individual
9 choice, then we cannot accept that the use of drugs
10 (particularly cannabis) in one culture in Canada should
11 be subject to a scrutiny different than that prevailing
12 for the use of drugs (alcohol, tobacco) in another
13 culture in the country.

14 In our judgment, the Federal Government
15 under the jurisdiction of the "Peace, Order and Good
16 Government" clause, or in consultation with the
17 provincial governments, must remove all penalties for
18 simple possession of cannabis and should prepare
19 legislation to allow legal, quality-controlled distribu-
20 tion. And further, persons now serving sentence for
21 conviction on simple possession should be pardoned
22 immediately.

23 We urge the Federal Government to serve
24 notice immediately of its intention to withdraw from
25 the "Single Convention on Narcotic Drugs, 1961".

26 And it is with great dissatisfaction that
27 we notice we have had discussions with Dr. Chapman about
28 negotiations with the current protocol and the position
29 that Canada seems to be taking which might, at least in
30 some instances, bind Canada to a rather hard line position

1 for the next ten years, on drugs other than cannabis.

2 The Canadian Student Liberals denounce
3 the coercive and repressive methods of law enforcement
4 against non-medical drug users. We support the
5 Commission's condemnation of the practice of entrapment
6 and demand that law enforcement agencies abandon this
7 practice immediately. We urge the Federal Government to
8 terminate immediately the "Writs of Assistance" - a
9 practice which is contrary to the general principles of
10 criminal justice. And our concern on this element has
11 been especially heightened by the recent events regarding
12 civil liberties in Canada. This is just another example
13 of some of the same concerns.

14 As part of our belief that various
15 cultures can and should exist within the Canadian society,
16 the Canadian Student Liberals recommend that structures
17 and institutions supporting those cultures be assisted
18 or provided. We strongly urge the Federal Government
19 and other levels of government to assist, with services
20 and finances, innovative services and street clinics,
21 much as the Commission mentions in its interim report.

22 The LeDain Commission emphasized the serious
23 problem of non-medical use of amphetamines and barbiturates.
24 Drug manufacturers are producing far more than the market
25 demand for these drugs. The surplus appears on the illicit
26 market. We strongly urge the Federal Government to
27 supervise closely the production of these drugs and where
28 manufacturers persist in over-producing, subject the
29 offenders to stringent penalty. As an example, we feel
30 where a corporate enterprise has in the pursuit of

1 profit overstepped its bounds.

2 The Canadian Student Liberals agree with
3 the Commission that more scientific and medical research
4 is required in non-medical drug use, including alcohol,
5 barbiturates, amphetamines, hallucinogenics and
6 psychedelics, opiate narcotics and volatile solvents.

7 The purpose of this research primarily should be directed
8 to providing more information to the individual.

9 We also realize that scientific and medical
10 research may present real possibilities in which the
11 non-medical abuse of drugs - any drug - may threaten sec-
12 one or third parties and that a legal response in that
13 area may be necessary. But this provision does not
14 include penalty for possession for individual use.

15 Research must be directed towards
16 providing individuals with more information about the
17 variety of drugs now available and about new drugs as
18 they become available. The use in the past of "scare
19 tactics" and the deliberate circulation of false
20 information primarily by law enforcement agencies and
21 by governments constituted an approach of exceeding bad
22 faith and brings into question our entire legal and
23 socially educative systems. In order to disassociate
24 present and future research results from the stigma of
25 past tactics, it is essential that research and prepara-
26 tion of educational material not be conducted under the
27 direction or supervision of government. In other words,
28 that the LeDain Commission's recommendations regarding
29 the setting up of non-associated agencies to do the
30 educational work go further to remove any doubt of

1 government supervision of these agencies.

2 Non-medical drug use is a question of
3 personal, individual choice. Information about the
4 effects of non-medical drug use is necessary for
5 individuals making that choice. The Canadian Student
6 Liberals strongly support the view that Canadian society
7 must move "from a reliance on suppression to a reliance
8 on the wise exercise of freedom of choice" in the
9 non-medical use of drugs. And in that I can only
10 heartily disagree with the previous speaker.

11 The second statement we put out in
12 response to some criticisms that were made of our
13 original paper is a short one, so I will read it here
14 as well.

15 Following the press conference
16 presentation of the Canadian Studen Liberal response to
17 the interim report of the Commission of Inquiry into
18 the Non-Medical Use of Drugs, several reactions,
19 requiring clarification, appeared in the media.

20 One opinion stated that while criticizing
21 current social values involved in the non-medical drug
22 use issue, the Student Liberals ignored (or, rather,
23 "weaselled out of") other and important value considera-
24 tions. Particularly the question of "trafficking".

25 Trafficking in its present form and
26 context will disappear when, as the Student Liberals
27 advocate, legal, quality-controlled distribution of
28 cannabis is legislated. It is improbable that purchasers
29 will resort to illegal sources when legitimate distribu-
30 tors are established and when a quality approved product

1 is available. This assertion is conditional on several
2 factors: the cost of legally distributed cannabis, the
3 legal age required for acquisition and use, and the
4 number of locations of distribution centres (if cannabis
5 is to be distributed through special outlets). And
6 Legislation providing legal distribution of cannabis
7 necessarily must consider these factors. It is possible
8 that "trafficking" could continue in a manner resembling
9 "bootlegging" and should be subject to a similar legal
10 response. However, with legal distribution that is a
11 realistic response to established cannabis use,
12 trafficking in its current context will diminish
13 drastically if not disappear.

14 Discussion of a legal minimum age for
15 cannabis consumption, while not part of the Student Liberal
16 original presentation, did occur during the press
17 conference. Although the Canadian Student Liberals have
18 not adopted or advocated a specific age limit, it is
19 apparent and necessary that, if a minimum age limit is
20 legislated, the selected age must not be at a level which
21 serves as a reaction rather than a response to current
22 cannabis use, that it is consistent with the general
23 principle of freedom of choice and that it is uniform
24 throughout Canada.

25 The Canadian Student Liberals advocate
26 that simple possession of all psychotropic drugs ---
27 including "hard" drugs --- should not be subject to
28 imprisonment. This position is not a pronouncement, for
29 the indiscriminate use of drugs. Non-medical drug use,
30 surely, is not a criminal problem but a social phenomenon

1 of vast psychological, physiological and medical dimensions.
2 And the social response should reflect these
3 dimensions.

4 A social environment, free from repression
5 and drug mythology, must be created to permit and to
6 provide reasoned discussion and understanding of non-
7 medical drug use in all of its forms. And with an
8 understanding of probably and possible short-term and
9 long term effects, individuals can choose to use or not
10 to use a drug. "Hard" drug use may require special
11 distribution and supervision that is necessary, as an
12 example, for cannabis use. The Canadian Student Liberals
13 are examining the issue of "hard" drug use and will
14 present specific recommendations, in our report in
15 Vancouver.

16 It is our hope that Canadian society will
17 proceed beyond its tolerance to understanding and accepting
18 differing social practices which are not mutually
19 inimical.

20 The other few points that I want to raise
21 are particular references to particular paragraphs of the
22 Commission report. I have the copy from the Queen's
23 Printer and I was supposed to bring the original report
24 with me. First of all, we were quite concerned on Page
25 442-3, I should say Sections 442-3, Page 239 here as to
26 the definition of "harmful". The Commission says, "society
27 has a right to use the Criminal Law to protect itself from
28 harm, which truly threatens its existence as a political-
29 ly, socially and economically viable order for sustaining
30 a creative and democratic process of human development and

1 self realization." I think there is a great deal of
2 danger in that statement in that many of the pronouncements
3 I have made could be regarded as undermining political,
4 social order. There are a great number of people, es-
5 pecially in regard to the latest disturbance in Quebec
6 that are seriously concerned as to whether or not society's
7 definition of harmful is often a definition of what they
8 would like to repress as opposed to what is necessarily
9 harmful to the individual. And I think perhaps a medical
10 definition of harmful as opposed to social, economic de-
11 finition will be much more useful. On Page 249, regarding
12 the problem of distribution, we originally foresaw that
13 distribution could best be handled by a Government agency,
14 in the sense that we would therefore guarantee against
15 what some people are concerned about, the advertising pre-
16 ssure and commercial sales outlet that is not present in
17 cigarettes and alcohol, which stresses to people, factors
18 other than their own choice as to use. In other words,
19 social pressures against this and that was the original
20 reason why we advocated Government monopoly as well as
21 the fact Government has the facilities to ensure quality
22 control. It has since come up in discussion in our
23 group that since our concern is with the advertising
24 pressure as opposed to the corporate versus Government
25 problems, we would indicate that that would be our main
26 concern, as opposed to whether or not it is just
27 Government.

28 THE CHAIRMAN: You refer to Page 449,
29 what was that?

30 MR. VARLEY: Page 239, referring to

1 Section 443, and then latterly referring to Page 240,
2 the discussion as to channels of distribution. The
3 constitutional reaction in Section 433, Page 235 of the
4 Queen's Printer edition here, is a problem that has
5 come up in our discussions quite severely. I have a
6 letter here from the Office of the Honourable Paul
7 Martin, leader of the Government in the Senate on that
8 specific question, in which it is said, "we would comment
9 on just the one paragraph of our original response. And
10 that is the reference to the Federal Government on the
11 jurisdiction of "Peace, Order and Good Government" clause".
12 Removing all penalties for simple possession of cannabis
13 is quite far reaching, according to the Office of Mr.
14 Martin. "The "Peace, Order and Good Government" clause
15 is rarely invoked and only to attain some end considered
16 extremely important by the Federal Government and other-
17 wise perhaps unattainable." Our feeling would be that it
18 is an extremely important issue, but perhaps the letter-
19 writer does not feel so. "Its use is practically always
20 challenged, yet "in our original presentation" he says,
21 "envisages use of this clause with a negative intent,
22 mainly to eliminate the effect of existing legislation.
23 I am sure this particular constitutional course is one
24 which the Federal Government would wish the advice of its
25 law officers and one in which they would require careful
26 consideration." In other words, the Federal Government
27 is very concerned about the technicalities, legalities
28 and constitutional right to eliminate the provision.
29 We discussed this proposal for quite a while. It is a
30 severe problem and our response is as follows: "We

1 appreciate the comments you made on the constitutional
2 difficulties of any solely Federal initiative on the
3 control and sale of cannabis. As the LeDain Commission
4 pointed out in Paragraph 465, the trade and commerce
5 elements, the political touchiness and the generally
6 complicated authority of the "Peace, Order and Good
7 Government" clause all make it an area in which federal
8 authority might certainly be challenged. In our brief,
9 we attempted to recognize this problem by indicating our
10 feeling that consultation with Provincial Government
11 would be a very advisable step. However, we must also
12 keep in mind that alternative proposed Provincial agree-
13 ment needs to be left open if we are not to become com-
14 pletely hamstrung on this question. The Provincial
15 Attorneys General have already warned us that severe
16 opposition might occur, yet young people become extremely
17 cynical if the only argument used to explain our failure
18 to approve progressive measures is a constitutional
19 argument. The Commission, while doubtfully did "not
20 exclude the possibility of finding a constitutional
21 base for effective control of availability and quality
22 under the general "Peace, Order and Good Government"
23 clause of the Federal Parliament.

24 The Canadian Student Liberals would urge
25 that the Government would also not exclude this possibi-
26 lity. Certainly if negotiations with the provinces
27 cannot, in any way, lead to a favourable settlement of
28 the question, then the general power might be reviewed as
29 a possible avenue for action." The major perhaps overall
30 response that we are interested in making is subscribing

1 to these specific issues that we have raised in these
2 briefs, and will be raising again in Vancouver in a more
3 detailed presentation, regards to the fact that the
4 Federal Government has seemed to take a very waffling or
5 non-committal stance in regard to the whole interim report.
6 It's my personal experience that, and of course it's
7 recorded in newspaper and especially in the case of
8 Rochdale, which bust I was involved in --- that the RCMP
9 is still using scare tactics and entrapment tactics,
10 trumped up charges are still being used to trap people,
11 and in one instance that I have personal knowledge of,
12 a person who was in the room and whose room it was, was
13 arrested on suspicion on trafficking because someone in
14 the room had a dime of hash in his pocket. And he is
15 presently on charges. And especially in regards to the
16 protocol which is being negotiated now, which was
17 originally drafted in draft form at least last January,
18 and is coming up this January and February, I spoke to
19 Dr. Chapman and he assured us that there was no
20 necessity for the Federal Government to sign this
21 protocol, but perhaps an indication that they would be
22 quite amenable to it. At least Dr. Chapman would be,
23 and we are severely concerned about this, because we
24 don't think any protocol should be signed in any way,
25 even in signature with subsequent right to ratify being
26 reserved. Because I think it would be an indication
27 to the Canadian people of a Government stand which
28 would completely prejudice any feed back that might
29 therefore be obtained from publication of the protocol,
30 final protocol. Those are the major points I would

1 like to make. I thank you very much for giving us the
2 opportunity.

3 THE CHAIRMAN: Thank you very much, Mr.
4 Varley. Are there any questions or observations, with
5 respect to this brief?

6 DR. LEHMANN: Would you think that the
7 Gallup Poll today would still show 77%, or less, or more
8 people in Canada to be opposed to the legalization?

9 MR. VARLEY: Certainly, that's the
10 thing. For one, I doubt the techniques used by the
11 Gallup Poll and the source of which it was published.
12 But I think certainly less.

13 DR. LEHMANN: Indicating what?

14 MR. VARLEY: I think there has been an
15 informed change in people's opinions. There was a
16 rather unscientific poll at the Canadian Student
17 Liberal Booth at the Canadian National Exhibition which
18 shows 56% of the people under 25 in favour of response,
19 and 47% of those over 25 were in favour of legalization.
20 Now granted it's much less scientific than the Gallup
21 Poll, but as well we have indications from --- I have
22 just come back from a tour of clubs in the west and
23 indication from senior liberals and general population,
24 university population where I spoke at each of these
25 campuses from Victoria through to Winnipeg over a period
26 of three weeks, that certainly the fear that was aroused
27 when the original report was published in May, has
28 certainly died down as people are reading the report
29 and considerably questioning it more fully, and seeing
30 that it's perhaps a social necessity rather than an

1 "immoral posture".

2 THE CHAIRMAN: How should we see this
3 expression of opinion from the Student Liberals in
4 relation to the opinion insofar as one can ascertain it
5 of the Federal Liberals? If I may say, the senior
6 liberals? What is the political relationship of these
7 two bodies of opinion at the present time. Or is that
8 an indiscreet question?

9 MR. VARLEY: Perhaps it is. It is always
10 a controversial matter in that we often take positions
11 the Federal Liberal Party is not quite willing to take.
12 But there has been several indications that members of
13 all political parties, especially the Liberals I know
14 in particular, in that the lower Vancouver Island, the
15 Ontario group of the party has adapted our general ---
16 the general lines of our policy. And in the conference
17 that will be held the 20th to the 22nd in Ottawa, the
18 proposal will be brought forward. I don't know how it
19 will be presented, but even among Liberals who are not,
20 shall we say, the most radical people politically, there
21 is general acceptance. Not necessarily as far as we
22 would go, but at least to the extent that we are moving
23 all packages.

24 THE CHAIRMAN: Thank you. Any questions
25 or observations? Yes, gentleman at the microphone?

26 THE PUBLIC: I would just like to make
27 two or three comments. My name is Gordon Cresti. There
28 are three comments I would like to make: wearing a dif-
29 ferent hat for each one. The first comment would be as
30 a Trustee for the Toronto Board of Education, Chairman

1 of the Non-Medical Use of Drugs Committee, that we made
2 our original presentation through at the beginning of
3 last year. And since then there was a rallying cry
4 amongst some adults in the neighbouring borough against
5 the legalization of marijuana and I believe a submission
6 was sent to you, and I might mention the fact that that
7 motion was brought up at the Toronto Board of Education
8 and failed to gain the support against the legalization
9 of marijuana from the Toronto Board.

10 The second point I would make as a member
11 of the Metro Drug Committee which is comprised of a
12 Trustee and an Alderman from the City of Toronto and
13 from the five boroughs, which has been working since May
14 of this year in a coordinating approach, on the basis
15 that there is not very much coordination in the Toronto
16 area towards rehabilitation. And the number of halfway
17 houses, group homes, clinics have been set up but there
18 is no measure of assessment. And we would like to go on
19 record as concerned with the report that came out by
20 Project 70 in the spring of this year that Metro Youth
21 Services studied and would very strongly emphasize the
22 point we made a little earlier this afternoon around the
23 uses of group homes and halfway houses within the
24 community itself. The community has to assume the res-
25 ponsibility. And that would be the third point. As the
26 director of a halfway house, on reading and dealing with
27 people on drug problems, experience has been that the com-
28 munity will respond. We had in a residential area, no com-
29 plaints from the residents that we haven't been able to
30 resolve.

1 Initially there are many complaints that
2 the kids that you have in your house are going to cause
3 damage and depreciate the area, but really there have
4 been no major complaints around that issue.

5 And these are the three comments that I
6 would like to say, thank you very much.

7 THE CHAIRMAN: Thank you very much, Mr.
8 Cresti. Thank you Mr. Varley.

9 I call now on ---

10 THE PUBLIC: I was wondering if it may
11 be possible to just make some comments?

12 THE CHAIRMAN: Yes.

13 THE PUBLIC: I would prefer to do this in
14 a more formal manner, but with one thing and another, I
15 haven't been able to do it. You know I came to Canada
16 about ten months ago. I am originally a Canadian, and
17 I tell you one thing that if you don't get this drug
18 problem sorted out, humanely, and get it sorted out as
19 deeply an evil thing as it is, you just don't have a
20 chance of surviving. I mean, everybody here is sort of
21 --- seems arriving at an egotistical set of values. I
22 mean that person there, that young liberal, he professes
23 to have the ability to govern people. Under what sort
24 of kind of judgment. I mean you could look through the
25 whole of history of mankind. We haven't been around for
26 ten years, twenty years, it's been about 5,000 years,
27 all you have to do is look back through the history of
28 time. To the history of India, I may say now I apologize
29 if there's any Indians here, I may say now that is a
30 nation that can't even free themselves. And yet look at them

1 one of the biggest nations in the world regarding land.
2 It's not as if it's unfertile, and why? Because they
3 became so indulgent in a sensual type of life. They
4 wouldn't go and face their problems, they sit down in
5 a corner and meditate. It doesn't go away, life, it's
6 still going to come back after meditation. And that's
7 these kids of today, I mean I'm appalled at the
8 situation here. In some ways I find it worse here than
9 in the States. In the States the kids that go on drugs,
10 in some ways they're not too happy about life, but they
11 don't seem to make no effort. They're sort of selfish
12 kids. And some people might say they'll never fit in,
13 they'll never try and that's why they go on drugs, it's
14 so easy. But here in Canada, I find the kids that are
15 going to drugs are the ones that are kind of nice, and
16 you know, they're gentle, and it's just that when some
17 pusher comes along to make money for his habit, he tries
18 to get them on it, not through some deep conviction of
19 how brilliant it is, how beautiful a thing it is, he
20 pushes them into it. And this is what you don't realize.
21 A kid does not go on to drugs because he thinks it's a
22 solution. It's usually because he's approached by a
23 pusher. And if none of you have ever been approached by
24 a pusher, you don't know what it's like. I mean, here
25 they're pretty amateurish but you get them in
26 Europe where you've got to put up with brighter minds
27 and you would be terrified. Terrified how they can get
28 through to you. I really --- I would definitely say
29 that none of you could tolerate it, unless it was the
30 one thing that you know, deep in your mind, back in your

1 mind, that it's illegal. And that's the one thing that
2 you must never make it legal here. You will be the first
3 nation in the world to make it legal. There is only one
4 other place in the world, in the whole of the world,
5 where it's legal for the simple reason that it was never
6 made illegal in the first place, and that's the ---
7 in the Himalayan Mountains. I mean does Canada really
8 want to be a first? I mean the object of Government is
9 to govern people, now isn't? Well how are you going to
10 govern them if you lay open the road to sort of
11 corruption and the destruction by drugs? But I mean,
12 it's all very well, like some people don't understand this,
13 they say make everything legal and leave it up to the
14 person to decide. You are forgetting one thing, that
15 not every single person living has had a sort of lifetime
16 education, had wonderful parents to sort of enlighten
17 them to the true values of life, and how simple it is.
18 But they haven't sort of got the knowledge, or the
19 knowledge of mankind in its history to see what does
20 happen when you take these roads of least resistance.
21 You just go and look at dirty old pornography demonstrations.
22 It's a total thing that's happening in. People are sort
23 of becoming so complacent. There is sort of --- well I
24 don't want to talk about it, because if I start talking
25 about drugs now, Charlie my son, he'll sort of interrupt
26 the television or it spoils my fun. Of course it does,
27 I mean have you ever been in Istanbul? Have you been to
28 Morocco? Have you seen what these kids have gone through
29 when they've heard about these free land of drugs where
30 you just go, and it's all legal and they don't know it

1 isn't, and they just seem to stuck there. I mean,
2 usually what happens is they'll be giving hash parties.
3 It's free, you know people come along, come along to
4 our wonderful habit, it is so beautiful you know, we
5 want you to partake. This is one reason why an
6 American jazz musician was deported from England. They
7 found out that he threw three hash parties, he was
8 giving out opium, and then when they became addicted
9 to the opium, they had to come back to him. I mean I
10 am speaking about this because unfortunately it's very
11 hard for you, because you're sort of older,
12 you're out of the circle that these kids are in, so
13 therefore you can't realize the reality of it. And
14 what's so bad too is in a sense it's just not addiction
15 of it. The heroin addiction where a person's just a
16 case. I mean you haven't had programmes here, you
17 haven't enlightened these people on what it's like.
18 Have you ever seen a woman, of thirty-five on drug ad-
19 diction, after about five years on heroin? You wouldn't
20 recognize her. You'd think she was a boy of about
21 fourteen. Just shrivelled up. This is what we had in
22 England. I mean, over there there isn't so much I feel,
23 because, well there isn't because people sort of in a
24 sense just live life normally. But here, with the sort
25 of life that's becoming so fast, like in the States,
26 where everything is sort of instant, you have got to have
27 everything as quickly as possible. You've got to sort of
28 always be enjoying yourself. You know it's never been
29 pointed out in education that times have always been
30 hard. And therefore these kids through those pushers who

1 are sort of trying to support their habit, they get them
2 on to drugs. But I mean, if they sort of sit there,
3 and sort of reading the papers about these young
4 Liberals legalizing, I sort have become quite knowledge-
5 able in this subject, because --- I'm sort of trying
6 to write a world's history because I was approached by a
7 publisher. I have covered some facts, as I say like
8 I did, and like in China it took so
9 long. It took the epitome of this terrible thing called
10 Communism to sort of take away the sort of --- the drug
11 addiction that China had for 3,000 years, the opium
12 whereby the Middle Lords controlled the peasants. And
13 the Top Lords who had supplied the drugs because of
14 their wealth, and they were just lucky enough to have
15 all the money in control, they supplied the Middle
16 Lords with the opium and thus controlled the whole
17 nation. And that sort of shows you why the country
18 could never amount to anything, I mean all the inventions
19 came out of China but now look at it. Manslaughter
20 growing in Manchuria, it is sort of aimless because of
21 drugs. But the thing is once you legalize it, like you
22 say there is a chance of doing, what happens? These kids
23 are sort of thinking --- well in a sense you are not
24 looking at it humanely. You are not looking at life
25 normally here, you are not looking at it for what you
26 would see to do, like these children grow up right. It
27 is like this young Liberal comes along, and thinks deep
28 down sort of an egotistical desire, you see he's helping
29 the drug pushers. That's wonderful. He should be
30 helped more than anyone else, but never at the expense

1 of the people who are ignorant of the evils of it. They
2 are just living their everyday life until they get
3 approached by some pusher --- "how are you feeling"?
4 "Not too good". "Well man, do you know how to make
5 yourself feel better? You know it's fantastic, I've
6 never been so happy since I've gone on to it. All you
7 have to do is just take it, that's it. You forget
8 about things. Just take this pill and that's how it
9 goes". And you don't know about it when you're more
10 adult age, in another world, and you wouldn't believe.
11 Have you ever had grown friends become heroin addicts
12 just for the mere whims of a man who wanted to make
13 money out of them? This is what happened in England.
14 I mean, you just can't believe it. Have you ever
15 performed, this is one thing I have come very near to
16 in the reality of it as a musician. I mean, like I
17 say later on the public television like. But have you
18 ever appeared with someone who has been a drug addict?
19 Why do you think this music of today is so sensual?
20 It is not because they stand up there and they think it
21 is brilliant. Because the Utopian state they have
22 inflicted on themselves with drugs. I mean this groaning,
23 they think it's fine, sort of do-do-do. I mean half an
24 hour on one chord, I mean really it is ridiculous. It
25 is a terrible linkage between that and the Indian type
26 of music, where it becomes a constant drone music. It
27 is because of the sensuality of it, it's the same
28 hypnotic trance that comes when they are on drugs. I
29 mean, all these people today, the thing is they are
30 approaching President Nixon in the States, realizing,

1 well I mean I can understand it, they're facing up to
2 it there. They are just overwhelmed that the major finer
3 dope in the world, which is in Marseilles, 93% of the
4 world's refined opium comes from that port. And they
5 have actually found it, you know, shut it down, and
6 they've known about it for thirty-five or forty years.
7 But it is only just now, and they have finally sort of
8 found out, you know they better face up to it, and the
9 same thing is going to happen in Canada. They've got
10 to face up to it. Not just for the world. We must
11 look after the drug users. That's fine. They have to
12 be rehabilitated, and sent to sort of centres where
13 they will show them what it does lead on to. But not
14 only that, you have to keep it illegal. So as sort of
15 a deterrent, you have to arrest these people. You've
16 got to have sort of a deterrent to show --- to influence
17 them. But as I say, President Nixon made an approach to
18 Bob Dylan in the States to come out, and he's one person
19 that knows a lot about it, but because when he first
20 came upon the scene, there was no one else in
21 the world. He was the modern day equivalent of
22 Shakespeare. He saw what was wrong, he did what he
23 could about it. He told about it in a way and people
24 thought, we'll have to try and do something about that
25 too, the next time we see it happen. We'll do something
26 about that. And what happened to him? Around the
27 period, about his fourth album, somehow he got on to
28 drugs. This American music, once you start rising up
29 in it, you forget where you originally started, you
30 become very upset. The same thing happened to Johnny

1 Cash. I mean the Beach Boys, Ray Charles and they
2 become out of touch with reality, and this is the thing
3 that is happening. And that's why you've got a bigger
4 problem than you realize, and you have to face up to it in
5 a humane way. These people get out of touch with life,
6 and unconsciously know something is wrong. But they don't
7 quite know what. This is where education falls down.
8 It doesn't tell them they have rough times, that you'll
9 have times when you'll be upset. Don't worry about it,
10 just look forward to the next good time, and they sort
11 of look around for ways out, and they're on drugs, and
12 that's what happened to Bob Dylan. One day he went
13 on LSD, he jumped on his motor bike, drives up the road
14 at 135 miles an hour, jumps off, breaks his neck.
15 Eighteen months later, he comes out with one reasonably
16 good album. There was remnants of his old poetry, but
17 from then on he has become nothing. I spoke to him when
18 he was down in Nashville, and you know you wouldn't
19 believe it. Have you ever been in a studio when Johnny
20 Cash was on drugs? I don't like to bring the name up,
21 but I mean I think you would be much happier knowing
22 what people learned from what he went through. They
23 held --- he had to be propped up in front of the
24 microphone when he was on amphetamines and that to
25 keep him going. And he wasn't even on one of these
26 hallucinogenic drugs, he was just trying to keep himself
27 awake, and that's pitiful. He used to miss about 50%
28 of his performances because he just couldn't make it.
29 And this role of drugs, in a sense, I find it so hard
30 to talk about, because it is such a total thing to say

1 you must realize you must not make it legal. You must
2 retain that deterrent. That if you do something wrong,
3 you are arrested, I mean it seems very ignorant, it
4 seems very primitive, if you do something wrong you are
5 going to be arrested. But I mean the majority of people
6 just have to have that. They just go on living, and so
7 you have to have that sort of simple deterrent there.
8 Like it is illegal, and about 95% --- 99% of the population
9 are out of work-they want to have a selfish easy high
10 and in some ways, you can't really in some ways help
11 them, but you must protect the rest of society. Other-
12 wise, I really can't see too much chance for Canada, and
13 I really sincerely mean that. I mean I've been here
14 long enough, ten months. I mean I've seen so much in
15 that time, I'm really appalled. You have one important
16 ingredient here that spurns drugs, and that is
17 apathy. People just don't want to know, I have never
18 known a nation like this in all my travels, of 105
19 countries and I've stayed in each one long enough to
20 sort of get a true appraisal of how they live there, and
21 the North American continent is truly ignorant, but
22 America is one ahead of Canada in the sense it has
23 people there --- you go across to the adult people,
24 parents, and you can talk about a situation, about drugs,
25 they know it's no good. We tried to do something for
26 our child, and we say tried, but you know I've noticed
27 to many times if you try to tell a parent or someone
28 that you like their children, and you happen to come in
29 personal contact with them, you try to tell them something
30 about it, they just don't know. It is the same with the

1 kids. They don't want to be enlightened about life.
2 They sort of want to just go along and get as unininvolved
3 as they can, and that is what breeds drugs. Because
4 what these drugs do, it turns one in one. It is the
5 most anti-social thing in the world. What do you do?
6 You take a drug, sit in the corner, that's what you do.
7 People compare tobacco and alcohol, but there's all the
8 difference in the world. What happens to the person
9 when they're drunk? What does he want to do, go around
10 and love everybody, get everybody drunk. He's happy,
11 he's outgoing. He's bringing other people around. But
12 what happens with drugs? A person sits in a corner of
13 a room and that's it. And in that way marijuana is the
14 deadliest. You say it is the simplest, I mean you are
15 looking to things, like you want to have someone come
16 out with a scientific medical lab report that shows
17 without doubt that it is evil. That it corrupts or
18 destroys genes, or completely disturbs the metabolism
19 of the DHN cells or something. But you'll never find
20 that with marijuana, because how do you sort of --- you
21 have to look at realistically. This is where you can't
22 quite see it. You have to talk with people who are on
23 marijuana, and you notice there is something different.
24 Why do they never get involved, you know sort of like,
25 you'll have fun with them, oh yes, you can go out to
26 music, go to a dance and go to a club. You can have
27 fun with them, but then, like with this recent Quebec
28 business, try talking to them about that. They don't
29 know. Beyond a certain point, they don't want to stretch
30 their minds. This is what drugs does. Makes people

1 become even more apathetic, more not wanting to know,
2 because deep in the back of their minds they know they
3 would only have to make an effort, and they are sort of
4 happy within themselves. They just have to turn
5 themselves on. This is why you must do something. I
6 think it's one of the saddest things I've ever seen in
7 my life. To sort of come to a civilized country, because
8 in this way you are ahead of other countries. Here you
9 have a fantastic society in the sense that everything seems
10 so free. You know up to a certain point, naturally.
11 And yet, there have been reports published possibly
12 condoning marijuana, sort of legalizing. It's true,
13 it's very good what you are doing, try to rehabilitate
14 the users, I mean that's unbelievable, there's no point
15 in sticking them in a cell with the real hard people,
16 and in just a matter of weeks they'd become like them.
17 They sort of see no way out, they are so hopeless. You
18 must put them in homes where they are together and
19 discuss it. This is what's being done in Germany,
20 Denmark and Sweden. They talk about it among themselves.
21 But you get a person on their own, they'll say, oh no,
22 I don't know whether I really like it, but get them
23 together in a crowd, I mean like a crowd on the street,
24 they are always just sort of going on apathetically.
25 But put them in a place where they have the chance to
26 realistically look at it, and they all come out with
27 the same opinions, there's just no way to live. And
28 that's the one thing you must stop, and you must always
29 keep it illegal. Never open the doors to drugs. It's
30 true that it doesn't definitely lead to heroin and opium,

1 or any of the opiates, but it is the same world, and
2 there isn't much to stop a child from going on to
3 that, because these kids haven't learned in life yet
4 that unfortunately the way advertising goes, all you
5 have to do if you've a backache, run out and buy a
6 pill. If you have a tummy ache, go out and buy this
7 pill. If you have sore feet, well spray them with this.
8 Everything is so instant. They haven't been taught
9 the one thing, that you must live through the hard
10 times, enjoy the good times much more. That's all I
11 want to say really, but if you don't treat it right,
12 it will be about four years and that's all you'll have
13 because you see you live next door to the States, and
14 there is one certain population of this world who have
15 to rely on American, because it is the only nation
16 powerful enough that economically have manpower to
17 oppose this sort of thing, and that is Communism. And
18 this country has been slighted with everything. Oh
19 the Commies do that, the Commies do this. I went to
20 Africa a little while ago, I don't know whether you
21 want to know, but there's a book, whether it's
22 released here, who lost every single one of their
23 plantations in Africa and yet they brought them there.
24 And why? The Communists. Just infiltrated the workers,
25 sort of the simple African workers who just went to
26 work each day, they were the ordinary people who don't
27 get involved with things, they go to work each day.
28 And someone comes along and says, "Say do you like the
29 way these British people are running your life? Well
30 really now, do you really like the way, are you really

1 going to work each day, eight hours a day, ten hours a
2 day, why do you work for them? Do you really like that"?
3 And they will gradually work them around the same as is
4 happening in Ireland now. You know this Protestant and
5 Catholic fighting. That's been going on for years. How
6 come it is suddenly blowing up? It is just these Commu-
7 nists. The Teddy Boys of London, the British recognized
8 the threat of Communism back in '35, because they are
9 not like us normal people. We are content to live life,
10 and what do they do about that? Well they have to go out
11 and make people think that the life they're living isn't
12 very good. They don't think about it, they just live it.
13 Anyway, these Commies come along and that disturbs them.
14 Naturally, this is the thing, the natural trend of thought.
15 Just live one day to the next, one to the next. And this
16 is the is the reason you have more of a problem on your
17 hands than marijuana, just drugs, because the Communists
18 are very clever people, they will never go along the street
19 and say, join us, the Communists. You know, go our way,
20 because everybody would throw bricks at them. That's the
21 way it always happens. So what they do, they just infil-
22 trate and when I say that word, I get too dramatic. But
23 they will creep in, they'll get things upset like they
24 did in Africa, like they did in Ireland. That's all
25 Communism, the Black Panthers in America, they're Commu-
26 nists, this F.L.Q., they're Communist. The highjacking of
27 every ruddy plan, more Communists. And the pleasure of
28 next door to the States, what seems more logical for the
29 Communists to do than to get a hold in up here, that they
30 can have some kind of economic and resource and sort of

1 control through the resources that you have that the
2 States need. And if they gradually infiltrate here, and
3 change people's opinions, as to sort of what they want
4 to be changed to, then there seems no way that the States
5 will be able to oppose if you gradually become corrupted.
6 But anyhow, it seems a lot to go on to, but I just hope
7 you realize the problem you've got. It just doesn't stop
8 at drugs. It isn't confined to drugs. And this is
9 another thing too, I might just as well point it out; as
10 you realize, the money behind heroin is unbelievable,
11 isn't it? You can take two dollars worth of heroin in the
12 fields of Turkey, or in China, and by the time it is
13 refined and reaches America and reaches the streets, it
14 is worth one and a half million dollars for the equivalent
15 amount. Well that is paid for naturally by the Mafia,
16 everybody knows this. It has been known for so long,
17 but then they don't do anything about it. But then the
18 money behind marijuana is just a slightly different
19 story. This gives validity to the aspect of the Commu-
20 nists, the money behind marijuana is negligible, there is
21 not anything in it for any major person to get involved
22 in. And I have yet --- and the thing is that the money
23 is supplied to buy the marijuana, and it's pretty
24 expensive out in these places like Morocco, and Nepal and
25 China and Turkey, it's pretty expensive. And so where
26 do they get all the money? They need about \$4,000.00
27 to buy any sizeable batch to bring back here. Well,
28 it's definitely supplied by --- well let's put it this
29 way, it's very hard to say sort of I can pull out a
30 sheet and on a sheet, say, and then "I've got

1 proof it was Communism that brought it in."

2 I'll tell you one
3 thing, I was giving an interview, and tried to speak
4 to every single pusher I've ever met, and I have yet
5 to meet one that wasn't a Communist. And if they
6 weren't an outspoken Communist, they believed in their
7 way. And that's the simplicity of it. I mean, how is
8 it for them to walk in unconsciously and just make it
9 more apathetic? That's what happens with marijuana.
10 What about changing the way the Government, oh yeah man,
11 yeah, just give me my pill. That's it. It's such a
12 big problem you've got that you want to still have a
13 country to have a Commission, then you'd better do it
14 right, and think about making it legal, and just improve
15 the ways of helping people that are on it, yes, but
16 always keep it illegal.

17 THE CHAIRMAN: Thank you. I call now
18 on Miss Kathy Riggall of the Canadian Council of Young
19 Drivers.

20 MISS RIGGALL: Good afternoon. I would
21 like to explain that I am the vice president of the
22 Canadian Council of Young Drivers, which is an organization
23 of young people who are interested in promoting safe
24 driving among our peers, and representing our views to
25 the younger generation in Canada.

26 At the Insurance Bureau of Canada's
27 Annual Conference of Young Drivers held in Winnipeg
28 this summer, more than 100 youthful delegates from
29 across Canada expressed concern over the possible
30 legalization of marijuana. They registered this concern

1 because of the high probability that such legalization
2 might contribute unduly to an increase in the number
3 and seriousness of traffic accidents.

4 This submission to the Commission of
5 Inquiry into the Non-medical Use of Drugs is a result of
6 that concern. The Canada Council of Young Driver's
7 motivation and terms of reference is automotive
8 safety, not with trying to provoke legislation of
9 morality. We do not wish to act as a barometer of
10 public opinion nor even claim to be totally representative
11 of our age group. Our main interest is the prevention,
12 where possible, of injury and death on Canada's streets
13 and highways.

14 The C.C.Y.D. agrees with Section 464 of
15 the interim report which sets out the reasons for which
16 the Commission is "not prepared at this time to recommend
17 the legalization of cannabis."

18 We specifically support point number two:
19 "There is a body of further scientific information,
20 important for legislation, that can be gathered by
21 short-term research --- for example the effects of the
22 drug at various dose levels on psychomotor skills, such
23 as those used in driving".

24 The reference to "short-term" research
25 is, however, not completely in tune with our thinking,
26 as the C.C.Y.D. feels that extensive and long-term study
27 is required to establish the lack or presence of any
28 debilitating effects from protracted use of marijuana.

29 In essence, we believe that the legali-
30 zation of marijuana, until much further study has been

1 undertaken on its effects, poses a probably detrimental
2 influence on the safe operation of a motor vehicle.

3 The fact that there is no practical
4 medical or legal-medical method of detecting the usage
5 of marijuana, or the extent of impairment caused by it,
6 suggests a number of obvious problem areas. Lack of
7 foolproof detection contributes to lack of law enforce-
8 ment control and few meaningful statistics.

9 One of the most frequent arguments of those
10 who propose legalization of marijuana is that, "Marijuana
11 is no more harmful than alcohol". A few studies seem to
12 indicate that this is so when both drugs are used in
13 moderation. However, study after study has indicated
14 that alcohol is a major factor in automobile accidents
15 and particularly in severe and fatal accidents. The
16 Canada Safety Council reports that abuse of alcohol was
17 responsible for more than half of the 180,000 injuries
18 and 5,374 fatalities on the nation's highways last year.
19 So serious is the problem of drinking drivers that the
20 Parliament of Canada has enacted laws which allow fines,
21 jail sentences, and licence suspensions for those who
22 are convicted of having a blood-alcohol content higher
23 than eight parts per thousand. Proof of sub-standard
24 driving is not required; only proof of blood-alcohol
25 content. The measurement of marijuana indulgence is
26 not so precise, and any similar control is, at the
27 present, impossible.

28 With these aspects in mind, the Canada
29 Council of Young Drivers suggests that drugging and
30 driving is equally as harmful as drinking and driving,

1 and in light of other factors mentioned, potentially far
2 more dangerous.

3 Another facet of the interim report which
4 parallels the personal thinking of the majority of the
5 C.C.Y.D.'s membership is the call for a lessening of the
6 legal penalties, and through education, the social
7 penalties of marijuana usage. This, of course, involves
8 a clarification of the nature of the drug.

9 Specifically, we support Paragraph 467 of
10 the report: "Since cannabis is clearly not a narcotic we
11 recommend that the control of cannabis be removed from
12 the Narcotic Control Act and placed under the Food and
13 Drugs Act."

14 The Canada Council of Young Drivers
15 also agrees with the direction of thought indicated by
16 Commission recommendations dealing with criminal law in
17 respect to possession of, or minor instances of
18 trafficking in, marijuana. These suggestions are made
19 in paragraphs 468, 469, 471 and 472 of the interim
20 report.

21 In summary, the Canada Council of Young
22 Drivers supports the general tone of the interim report,
23 particularly the sections referring to:

- 24 (1) Much more research must be devoted to the effects
25 of marijuana usage and its effects on the safe operation
26 of a motor vehicle.
- 27 (2) Marijuana should be more naturally under the
28 jurisdiction of the Food and Drugs Act rather than the
29 Narcotic Control Act.
- 30 (3) The present legal penalties for marijuana use are

1 excessive in light of the fact that use of cannabis is
2 often merely the result of social temptation, and has
3 not been clearly linked with any more anti-social conduct
4 or criminal activity.

5 Thank you.

6 THE CHAIRMAN: Thank you, Miss Riggall.
7 Are there any questions? Or observations for Miss
8 Riggall?

9 MR. STEIN: Just a question of clarifi-
10 cation on the organization that you represent. How
11 large an organization is it?

12 MISS RIGGALL: It's composed of twenty-
13 nine members representing all ten provinces of Canada,
14 and we meet at least twice a year in various cities
15 across the country. One of the meetings is usually
16 a national conference at which there are approximately
17 100 other delegates outside of Council members.

18 MR. CAMPBELL: And how are these members
19 selected?

20 MISS RIGGALL: They were originally
21 selected at the first Canada Conference of Young Drivers
22 which had its Centennial project at the Insurance Bureau
23 of Canada, and they were chosen mainly from driver
24 education courses across the country. But since then,
25 the Council members have increased (portion inaudible)
26 for a three year term on the Council.

27 MR. CAMPBELL: And this larger number of
28 100, how would they be selected?

29 MISS RIGGALL: They were also selected
30 by Council members from groups who are either taking

1 driver education or who have shown an interest in
2 highways in their particular area.

3 THE CHAIRMAN: Miss Riggall, do you, from
4 your experience, your association, have you any direct
5 observations about the effect of cannabis on driving
6 skills based on direct observation?

7 MISS RIGGALL: My own personal opinion
8 from some experience that I have had with cannabis, is
9 that it does affect sort of mode of reactions, and I
10 personally would not care to drive while I was under
11 the influence of drugs, and I would not care to be
12 driving with someone who was.

13 THE CHAIRMAN: Dr. Lehmann?

14 DR. LEHMANN: Would you feel there would
15 marijuana
16 be a method of detecting a / content in the blood as
there is now with alcohol?

17 MISS RIGGALL: I think it would help, but
18 I really don't think it's going to be possible, because
19 the purpose in taking marijuana as far as I can see is
20 to get high. And you can't just sort of sit down and
21 smoke marijuana just for social reasons. You want to get
22 high, unlike alcohol, where you can sit down, have a
23 drink or two drinks without any intention of ever
24 becoming intoxicated.

25 DR. LEHMANN: But they all get high, even
26 on one or two drinks.

27 MISS RIGGALL: Well they are all slightly
28 affected but the extent of the intoxication from alcohol
29 can be far less severe than that from marijuana.

30 DR. LEHMANN: Well that could be

1 established. It is conceivable that the physical measure
2 of marijuana content, like that of alcohol content,
3 could give a general idea of just how badly
4 impaired psychological processes would be. Because I
5 don't think anyone, from what we have heard, many have
6 told us that they smoke marijuana simply to relax, not
7 to get stoned. Many others say they want to get stoned.
8 I don't see how you can make a general statement. In
9 any case, this is one of the points your association
10 makes, that there is no physical test for it.

11 MISS RIGGALL: Right.

12 DR. LEHMANN: That would mean if there
13 were one, you would still not withdraw your objections?

14 MISS RIGGALL: If there were a physical
15 test, then we would reconsider our stand. But until such
16 a test has been devised, we would have to oppose
17 legalization of marijuana.

18 THE CHAIRMAN: Are there any other
19 questions? Or observations with respect to this sub-
20 mission?

21 Thank you very much.

22 MISS RIGGALL: Thank you.

23 THE CHAIRMAN: I call now members of the
24 Toronto and District Liberal Association. Mr. Kusner,
25 I hope that's the right pronunciation. Mrs. Claire
26 McLaughlin and Mr. Gary Goldthorpe, Mr. James Conrad.

27 MRS. McLAUGHLIN: Mr. Chairman, the
28 method of formulating a drug (inaudible) experts in the field
29 of drugs for medical, qualified professional persons
30 support that, and including drug users we sought out and

1 listened to, both from within and without the party, a
2 statement was then prepared suggesting apparent options
3 open to the party and a call for participation and a
4 sub-committee to get the information under the chairman-
5 ship of Dr. Goldthorpe. It is our intention, with your
6 permission Mr. Chairman, to report to you on the
7 following basis. The position of the Toronto District
8 Liberal Association is defended by Mr. Kusner. Mr.
9 Kusner unfortunately has a faculty meeting at Ryerson,
10 so I will present his brief. The position of the London
11 policy rally October, 1970, presented by myself, the
12 views of Mr. Jim Conrad relating to his involvement in the
13 field, and the position of the sub-committee is presented
14 by Dr. Gary Goldthorpe. The whole issue of drugs is
15 very much in a state of flux. The process of our
16 education and understanding in the party, and the
17 clarification of the position is very fluid. Therefore
18 we have organized our presentation in a way we hope will
19 give you an insight into the position of the party on a
20 number of points in time, as well as the way our drug
21 committee would like to see the issue crystallized. We
22 are fully aware that there is no specific position or
23 trend that can be predicted at this time in terms of
24 what is politically feasible, but we do believe we have
25 sufficient evidence to substantiate a claim that our
26 membership is becoming more informed on the issue, and
27 adjusting its thinking accordingly. The Toronto District
28 Liberal Association held a delegated policy conference
29 at the Royal York Hotel on September 18th and 19th.
30 Delegates from all federal and provincial riding

1 associations in the Metro area, as well as member of
2 Parliament and the Toronto area cabinet ministers, were
3 effectively involved in discussions covering many areas,
4 one of which was the non-medical use of drugs. Papers
5 were open for criticism and amendments by all positions
6 in groups of six on the evening of the 18th. Following
7 this meeting, the final draft incorporating the amendments
8 was presented to a planning session of all delegates on
9 September 19th, and a position was reached by a show of
10 hands. Four hundred and fifty delegates were in attend-
11 ance. The Toronto District Liberal Association does not
12 feel the simple possession of marijuana should be a cri-
13 minal offence but should be realistically assessed as a
14 medical problem or a social issue. It supported the pro-
15 posal to remove discriminatory crimes which often discri-
16 minate against use and drug abuse. There was concern re-
17 garding the accessibility of drugs, dangerous to living
18 style to the over ten year old age group in our system.
19 The association supports legislation where we could get
20 at the illegal trafficking and profiteering of the sale
21 of hard drugs, in view of the growing opinion that the
22 increasing use of heroin is predicted in 1970 in Toronto
23 with possible juvenile death resulting. There was a
24 resolution presented in two parts. Part one supported the
25 sale and distribution of marijuana to be the same as
26 alcohol, and the second the same plan. Part two was
27 defeated. Part two was defeated while part one won
28 marginal support and many felt this would only increase
29 the alienation and disrespect by youth. The position
30 on the non-medical use of drugs in the London rally
was a different one than that used at the Toronto

1 district conference. The procedure was the same as that
2 to be used at the National Policy Conference to be held
3 in Ottawa in November, 1970. Delegates from provincial
4 and federal ridings associations were given a ballot
5 on which there were several policy statements on the
6 drug issue. I think I submitted extra copies of this
7 with the ballot attached so you could have them. The
8 ballot was discussed on Saturday, amendments to the
9 statement were added, and one new option, Option 6 was
10 added. The ballot was then revised to incorporate this
11 option, and a new ballot was presented for discussion
12 on Sunday morning. Following this session, delegates
13 could then mark their ballot in private prior to
14 submitting it for tabulation to the committee. Two
15 hundred and fifty-four delegates voted on this ballot
16 with the following results: Ontario Liberals gave
17 overwhelming support to the statement that research into
18 the drug abuse problem should be increased. Rehabilitative
19 services must be upgraded and as Dr. Goldthorpe commented
20 on these aspects, the underlying concern here was in
21 regard to the punitive approach of drug abuse by society,
22 and the lack of sympathy shown to youth by staff in
23 hospitals, often ill trained to cope with complex
24 problems. The availability of illegal and impure drugs
25 is recognized as placing hospital staff in a very
26 difficult position with regard to treatment. It brings
27 us to Option 4 on the ballot, which states "The sale and
28 distribution of any drug not approved by the Department
29 of Health and Welfare should be a criminal offence".
30 Again the intent was to prevent the sale and distribution

1 and use of any impure and dangerous drugs. Option 1
2 presented a position held by many that the simple
3 possession of any drug should be regarded as a medical
4 problem, or social issue and penalties for possession
5 removed from the criminal law. Option 1A received
6 considerable support, and stated that simple possession
7 of soft drugs should be regarded as a medical or social
8 issue and removed from the criminal law. The feeling
9 was that drug use or abuse may or may not be a problem,
10 but if it is, it is not a problem that would be solved
11 by a jail sentence or a fine or any punitive action on
12 the part of Government. It should be regarded as a
13 health related issue. Option 3 states that the marijuana
14 user should be apprehended, receive a lower penalty
15 than he does now and should have no criminal record, and
16 comes perhaps closest to what this Commission itself is
17 suggesting. It is difficult to see how one could be
18 apprehended or taken into custody without being charged
19 with an offence, receive a penalty and get no criminal
20 record. Yet this was the statement the delegates supported,
21 perhaps legislation given to discretion for dismissal of
22 charges on a first offence might be considered as being
23 close to the United States. However, this seems incon-
24 sistent with the massive support given to Option 1A
25 which suggests simple possession of soft drugs should
26 not be considered in the area of criminal law. Option 2
27 states that marijuana should be more freely available
28 and alcohol was not added to this report. While recognizing
29 that interpretation of this ballot was extremely difficult,
30 I believe to the point that it effectively made and not

1 by youth alone, that the adult culture while sanctioning
2 its own non-medical use of drugs such as tobacco and
3 alcohol, is reluctant to extend this sanction to youth
4 in many areas. This has created double standards in
5 respect to the law in many instances. Fear and disre-
6 spect may influence the results of this action. Option 6
7 which was added to the ballot during the Saturday discus-
8 sion period states that the action should be taken to
9 curb the CBC promotion of the drug type of life and to
10 prevent the infiltration of drugs in Canada. Concern was
11 expressed the CBC was influential in promoting a habit
12 of coping out when the question of day to day living
13 becomes affected by these drugs. John Snyder of Waterloo
14 who introduced this option is in the audience, and he
15 will be glad to answer any questions. Section 2 of
16 Option 6 states that life sentences should be imposed on
17 the professional drug trafficker and stiffer penalties on
18 street selling. While this statement received minimal
19 support, extremity indicates the strength of feeling held
20 by many that the professional trafficker often selling
21 products, should be rooted out, removed from the position
22 where his profession can destroy lives and business re-
23 lationship within our community. Thank you very much.

24 This is Mr. Conrad on my left, on my
25 immediate left Dr. Gary Goldthorpe.

26 MR. CONRAD: Mr. Chairman, I would first
27 like to congratulate you on the excellence of your
28 Interim Report. My purpose today is to give some
29 feedback from discussions held by Liberals in various
30 riding meetings. These meetings tend to attract

1 maybe 50 to 100 people, those that do come are highly
2 motivated to listen, discuss and participate. Of course
3 it is obvious that many do not come. My role has been
4 generally a panelist, or discussion leader in these
5 discussions. These meetings tend to follow a pattern
6 basically of three steps. First, of education, which
7 is an attempt to bring everyone at the meeting up to
8 some reasonable level of understanding the issue; then
9 involvement --- discussion or interaction between the
10 people who are attending these meetings, and then
11 integration or an attempt to put the whole thing to
12 some meaningful results.

13 Now the educational area where there are
14 usually panelists, most people assume themselves to be
15 relatively knowledgeable about the non-medical use of
16 drugs. They do know the difference between alcohol and
17 marijuana. But in fact they have hang ups, or assumptions
18 about themselves, and this is that they don't look on
19 themselves generally as drug users, even though they
20 might have a cigarette in one hand and a coffee cup in
21 the other. So I would say the interim report was
22 unbalanced in failing to give proportionate space to the
23 legal and health hazards of alcohol, nicotine and caffeine,
24 and the additional research that is needed in these
25 areas.

26 Secondly, there is always the question in
27 people's minds of why are they taking drugs? I think it
28 is unfortunate that the Commission was asked to look into
29 the non-medical use of drugs. There is no sharp line
30 between medical and non-medical drugs, as I think you

1 have commented on in one or two sentences in your report.
2 In fact the whole field of psychosomatic medicine blurs
3 the distinction. Further, there is the medical use of
4 non-drugs such as Placebos in hospitals, given to
5 patients asking for high drug levels, but where the
6 doctor will not sanction such higher doses. And
7 finally, there is the non-medical use of non-drugs, such
8 as the increased conversation and noise level found in
9 church parlours after a few rounds of a non-alcoholic
10 fruit punch.

11 So it is exceedingly difficult to have
12 people admit to the non-medical use of drugs for
13 themselves. A typical panel in these drugs sessions
14 will have a politician, a law enforcement officer, a
15 member of a group such as CODA, a doctor or social
16 service worker and a drug user. Now the politician
17 is normally concerned about the moral position and
18 potential harm in drug usage. Realistically they are
19 often more concerned about the harm to themselves at
20 the polls, rather than the harm to users, who may end
21 up in jail.

22 Then there is often a policeman, or
23 community service officer who looks on themselves as
24 preventing crime rather than as enforcers. Often they
25 are sincere, but in fact they readily admit under
26 questioning they have to enforce the law and they
27 can't use their own judgment. This seriously limits
28 in my opinion, the usefulness of them.

29 Next on education, is generally a member
30 of an organization such as CODA. Their hang-up is that

1 they can't accept the wide use of drugs, and they keep
2 it
3 saying "how do we head it off before /starts?" Another
4 hang-up is that they can only think of abuse not of use.
5 The word "use" for any purpose never enters their
6 vocabulary. It seems to me that CODA really is just
7 an updated version of the WCTU, which was an organization
8 who really didn't think in terms of temperance, but of
9 prohibition, and we all know how unsuccessful prohibition
10 against alcohol was in the 30's. Another hang-up of
11 CODA is that, to them, drugs are something legal (such
12 as in drug stores) and chemicals are something illegal,
13 once again used by those terrible young people. My
14 business administration and marketing training suggests
15 that just possible, CODA is subconsciously trying to
16 prevent competition to their own drug stores. And as
17 a professional chemical engineer, all these substances,
18 whether they are alcohol, aspirin, marijuana, amphet-
19 amines, are chemicals, as you point out in your interim
20 report, and the distinction attempted by CODA to my
mind is just sheer nonsense.

21 Last, people love to have drug users
22 on a panel. This titillates their imagination and
23 curiosity. They can really look at, and talk to,
24 someone who has actually taken of the forbidden fruit.
25 It's like seeing a rare object of art in a museum.
26 The standard questions are what is it like? Why do you
27 do it? Will you stop? The drug users, on the other
28 hand, are generally realistic, knowledgeable, and point
29 out that almost everyone is a drug user in our society.
30 And so the perception gap is immense.

1 So, after everyone has heard the
2 panelists or experts, then there is discussion. Then
3 the usual questions come up which are quite familiar.
4 You've heard nothing new. Why are they taking drugs?
5 Why do many people believe there is no problem? Is
6 there a problem? What is the problem? What can be
7 done in this community? Why can't police catch the
8 pushers? Is alcohol and cigarettes a drug? Must be
9 something missing in lives of young people. Should we
10 be concerned about harm to self, as opposed to harm to
11 others? What is being done? Where can the young
12 people go to get help? Where are the parents? The
13 discussion is lively, with active participation. It
14 often goes nowhere.

15 It is my experience that this discussion
16 can only make progress if someone in the group attempts
17 to have everyone admit to drug usage. This can shatter
18 many person's perception of themselves. And these are
19 the kinds of questions that have to be asked. Why
20 do you take the drug (nicotine, caffein, alcohol, or
21 whatever they happen to be taking at the moment). And
22 I have yet to discover anyone who doesn't take at
23 least one of these drugs. And then go on to say, do
24 you enjoy it? Would you stop? Can you stop? Do you
25 agree this substance is a drug? Are we not all drug
26 users? And everyone has come along and at this point
27 there is often insight, and acceptance that we are all
28 drug users. And then, and only then, can a rational
29 discussion proceed on what might be done or should be
30 done.

1 Now, trying to put this whole thing
2 together, which ordinarily takes place in some sort of
3 a planning session, and it's at this point that I hope,
4 or certainly try, to make a significant contribution
5 to this hearing. What I suggest to the Commission is
6 that they carefully and precisely distinguish between what
7 kind of a society we would like to have, and what is
8 politically feasible in this country now. And I would
9 caution this Commission against attempting to make a
10 moral decision, either to condone or to condemn drug
11 usage. Because this Commission is basically far ahead
12 of the average person, the people, and far, far ahead
13 of the politicians.

14 Now, based on these discussions, it is
15 my judgment that it is not now politically feasible to
16 "Legalize marijuana". And the reason is to be found in
17 the meaning of the word "legal". Now to a lawyer, it
18 has one meaning, but to the average Canadian, and the
19 broad mass of Canadians, "legalize" has a connotation of
20 "legitimize". And the Oxford Dictionary or Rogets
21 Thesaurus gives additional insight:- Legalize, authorize
22 or sanction are synonyms. Legal means permitted by the
23 law. Legitimate means lawful, regular or proper.

24 Now most citizens I suggest are not yet
25 ready to sanction marijuana, or to say that it is proper,
26 which is implied when people say "legalize". So they
27 will not generally agree to legalize marijuana. On
28 the other hand, I believe there is a considerable
29 majority of Canadians do not want to see anyone (young
30 or old) put in jail for simple possession of one

1 marijuana cigarette, or one bottle of beer at a
2 football game, if they are underage. So there is no
3 question in my mind that there is broad support for
4 removing simple drug possession from the
5 Criminal Code, and to avoid giving drug possessors a
6 criminal record. In fact, I would ask the rhetorical
7 question, "Can we afford not to remove simple possession
8 from the Criminal Code"? I am a financial analyst by
9 profession, and it seems to me very simple in the cost
10 benefit analysis to show that we must remove simple
11 possession from the Criminal Code because we have less
12 criminals, we have less crime, we have less cost to the
13 penitentiary, and we have lower costs of enforcement.

14 MR. STEIN: Is that simple possession of
15 all drugs? You were talking about cannabis but now
16 you ---

17 MR. CONRAD: I would answer two ways.
18 Cannabis, in my own personal opinion it would be simple
19 possession of all drugs. (Portion inaudible)

20 THE CHAIRMAN: You made the --- excuse
21 me --- you made the statement that you feel the majority
22 of Canadians do not want to see simple possession punished
23 as a criminal offence. And this is a statement as to
24 your estimate as to your opinion. Do you feel a majority
25 of Canadians do not want to see simple possession of
26 any drug, listed as a criminal offence? Or just cannabis?

27 MR. CONRAD: No, just cannabis. Just
28 cannabis.

29 THE CHAIRMAN: And then were you express-
30 ing the opinion then of the Toronto and District Liberal

1 Association with respect to simple possession of other
2 drugs? Did you express this opinion?

3 MR. CONRAD: Mrs. McLaughlin went through
4 the official policy position and some of the background
5 of the interpretation of the discussions. My role is
6 to try and give a feedback on these large number of
7 discussions that were held in riding meetings. So what
8 I have been saying here is by and large a reflection of
9 what I think I hear people saying. And I have only
10 strayed into my own personal opinion on just the one
11 question, that the Commissioner at the end there asked.

12 THE CHAIRMAN: Yes. That's what I wanted
13 to understand. It's your own personal opinion? In
14 other words, ---

15 MR. CONRAD: Yes.

16 THE CHAIRMAN: In other words, it's your
17 opinion that simple possession for the use of any drug
18 should not be punished as a criminal offence? Is that
19 right?

20 MR. CONRAD: Yes, that's my own personal
21 opinion.

22 Now, but at the same time --- as I
23 mentioned there is broad support for removing --- not
24 putting people who possess drugs in jail. But at the
25 same time, from a pragmatic, political point of view,
26 there is probably not now majority support for the
27 advertising and promotion and production for profit of
28 marijuana, similar to what is already sanctioned by
29 society for some other drugs, such as alcohol, nicotine
30 and caffeine.

1 So, in conclusion I believe it is
2 politically feasible now to remove simple possession of
3 marijuana from the Criminal Code, provided that there is
4 increased penalties for pushers of opiate narcotics, and
5 other hard drugs, while at the same time not allowing
6 such things as advertising and promotion to further
7 complicate the situation, until more research has been
8 done.

9 THE CHAIRMAN: Well now on the subject
10 of increased penalties for trafficking, how much more
11 severe --- I mean should the penalties be? The present
12 penalties provide for a maximum of life imprisonment.

13 MR. CONRAD: I think what I hear people
14 saying, that I picture them in my mind, is how come
15 my son or daughter who is ten or twelve years old, can
16 get these drugs, and the police can't catch the pushers,
17 you know, major pushers. And so it's not really the
18 penalties. I agree the penalties are in the Criminal
19 Code are --- but somehow, you know, rather than to
20 spend time, you know, with the greatest of respect,
21 raiding Rochdale at 3:30 in the morning, maybe they
22 should find out, you know, the manufacturers, if you
23 will.

24 THE CHAIRMAN: In other words, stricter
25 and more effective enforcement against traffickers, is
26 that what you are ---

27 MR. CONRAD: Yes.

28 THE CHAIRMAN: Thank you, Mr. Conrad.

29 DR. GOLDSMITH: Mr. Chairman, my name
30 is Gary Goldsmith. I am a general practitioner of

1 medicine on the staff of Scarborough General Hospital,
2 and special lecturer in public at the Toronto School of
3 Hygiene. And associated with the 12 Madison project
4 of the Drug Addiction Research Foundation, at a part-time
5 medical clinic. However, I would like to emphasize
6 that my statement in no way reflects those of the
7 institutions with which I am associated. However, I
8 speak as the chairman of the sub-committee on drugs of
9 the Toronto and District Liberal Association, policy
10 committee, and shall attempt an interpretation for
11 you in this capacity of the activity which my two
12 colleagues have just reported on. And following that,
13 to give a brief personal view.

14 While the Liberal party --- that is,
15 people active in its structure, are not generally as
16 well informed on drug use as are the Commission and
17 more specialized groups appearing before it, we are,
18 I feel an important indicator of, and influence on,
19 both public opinion and the political process. The
20 thinking and resolutions on drug use just reported,
21 from public policy meetings recently held at riding,
22 Toronto and district, and Ontario levels of the party,
23 represent fairly the current attitudes of a large group
24 of politically active people. While the Commission
25 should distinguish party structure and policy from
26 that of the elected representatives, it should know
27 that M.P.'s, members of Parliament including cabinet
28 ministers, members of the Provincial Parliament and
29 municipal representatives were present and participated
30 in the formulation of party policy on drugs just

1 reported to you. Also there is constant close
2 communication and influence between elected representa-
3 tives and people active in the party structure. The
4 latter, I submit, are a large group of serious and
5 practical people who feel we can influence the course
6 of events, and who are opinion leaders.

7 The policy position just reported is
8 not final, but an early stage in a continuing process
9 of information diffusion, self education and policy
10 development.

11 Before proceeding, may I digress to
12 praise the Commission for the quality of its interim
13 report as an educational document. We shall continue
14 to promote its use as such within the Liberal party.
15 Especially praiseworthy are:- first, the placing of
16 non-medical drug use by the young in the context of the
17 use of all psychoactive drugs by all segments of society,
18 so as to encourage common criteria for evaluation of
19 drug harm and benefit, and reduce social disintegration
20 related to particular choice of psychoactive drugs.
21 Secondly, the emphasis on the limitations of the law,
22 and harmful effects of the law, as a tool dealing with
23 drug abuse.

24 Thirdly, the specific information on
25 particular drugs, with the implication that the
26 authorities shculd have a distinct regulatory policy
27 for each drug related to its particular potential
28 harm and/or benefit. And fourthly, the exploration of
29 the civil liberties aspect of personal choice of
30 psychoactive drug use. These are the things I would

1 single cut that are purely praiseworthy in the interim
2 report, and I hope I interpret them correctly.

3 Now in attempting an interpretation of
4 some of the points that Mrs. McLaughlin has raised, or
5 the statements which she has reported on resolutions
6 from the Policy Conferences, first of all the statement
7 from the Toronto and District association on marijuana,
8 along with resolutions. And the first two resolutions
9 from the London Policy Rally, on simple possession of
10 drugs, show that the bulk of the party want liberaliza-
11 tion of the laws on drug possession, out of concern for
12 civil liberties and for the harm being done by present
13 laws.

14 Secondly, the statement from the Toronto
15 and District. There was resolutions in this statement
16 for the desire that the drug issue be considered one of
17 public health, a social issue where it is a problem,
18 and not just a matter to be dealt with by the law.

19 Thirdly, the statements (not clearly
20 phrased) in the resolution and concensus report on the
21 sale of drugs, or that is on trafficking come from I
22 feel and represent views of a significant number of
23 of drugs
24 the party who feel threatened by the use/by the young
25 and do not yet see this by all use of psychoactive
26 drugs, including alcohol. And I emphasize we are still
27 at that stage of development.

28 Now the fourth point that I would like
29 to comment on, is the resolution previously reported
30 that marijuana should be more freely available than
alcohol is now. This was submitted to the delegates at

1 the London Policy Conference and why it was defeated in
2 overall, there was an interesting distribution of votes
3 cast on it, with 44 people of 254 votes cast, 44
4 strongly agreed, 49 agreed, 24 no opinion, 55 disagreed
5 and 72 strongly disagreed. So that I would like to draw
6 your attention to that.

7 The final statement or resolution I
8 would like to draw your attention to is number three
9 from the London Policy Rally, the user of marijuana should
10 be apprehended, receive lower penalty than he does now;
11 should not have a criminal record. This comes close,
12 as my colleague says, to the interim recommendation of
13 the Commission. I hope the Commission will be helped
14 by knowing these current positions of the Liberal Party
in Toronto and District, and in Ontario.

15 Now if I may be permitted, a personal
16 comment, that is digressing from my interpretation as
17 sub-committee chairman of what is happening in our
18 conferences, and as one who will continue to be active
19 in party policy developments, I personally support and
20 will do my best to move our policies towards virtually
21 all the Commission's interim recommendations. My
22 greatest point of difference and one which I will continue
23 to push, is related to the position of the Commission
on the law on cannabis which is on Page 247.

25 The limitations of science in providing
26 much further useful information on cannabis (relative
27 to what we already know, including that from non-
28 scientific observations) in my view should be more
29 widely appreciated. We know a great deal that we have
30 not learned, and cannot confirm ever or within the

1 foreseeable future, from randomized, double-blind,
2 prospective studies on large population samples.
3 I think the people should be more aware than we are
4 generally about the amount of further information that
5 will come out on the possible harm from cannabis use.
6 Yet there is, and has to be, a present public policy
7 on this drug with wide effects. The relative harm from
8 cannabis and alcohol is such, to our adequate knowledge,
9 that we should move immediately to remove the present
10 double standard from the law. The real need for further
11 information on cannabis effects should not obscure the
12 present injustice in the law, and consequent discrediting
13 of the law and related institutions in the eyes of a
14 large segment of society. In my view, legislators should
15 move now to legalize the distribution and use of
16 cannabis, without such age restrictions as are now in
17 effect for alcohol. The law cannot do everything.
18 Parents and other social institutions must be better
19 equipped to prevent and deal with drug abuse in teen-age
20 children.

21 I thank the Commission and wish it well
22 in its work toward the final report.

23 THE CHAIRMAN: Thank you, Dr. Goldthorpe.
24 Are there any questions or comments of Dr. Goldthorpe?

25 Gentleman at the microphone?

26 THE PUBLIC: Mr. Chairman, I am the
27 gentleman that they referred to as introducing the
28 sixth section on the voting section at the London
29 conference. Firstly, I would like to state that I only
30 speak of myself, not of my particular riding. Our riding

1 went down to the London Conference on a freelance basis
2 without having formulated any opinion, or position on
3 the drug situation. There are just a couple of points
4 that I would like to bring forth. One is that the
5 figures on the sheet that are given to you are first
6 of all only of the Ontario Liberal and not of the
7 total of Canada. This will not occur until later on
8 in November. Secondly, that there were eligible
9 approximately 1,400 delegates to vote at the Conference,
10 and out of the 1,400 there were only 255 that voted.
11 In my visual observation, I would make the following
12 comment which is only approximate, that out of the
13 255 that voted, there was somewhere in the neighbourhood
14 of about 75 university students and about 10 to 20,
15 probably closer to 10, university professors supporting
16 them. And there also was the group from the Toronto
17 and District who had a firm position for which I give
18 them credit, for having got to that point, and I would
19 like to make that observation. The one other point
20 that I would like to make I would just speak very
21 briefly of the King Edward Hotel, at lunch time, and
22 with the hour that is with us, I requested a chance to
23 speak. I would like to forego that and send in my
24 full report to you because I think the hour is too late.
25 I would but my brief is a little too long for the short
26 basis. I would like to bring forth one point to you
27 which is a bit obscure until I am free to relate it to
28 you, but I did spend last week two and a half hours in
29 one of the R.C.M.P. headquarters and there was one
30 rather interesting fact that I think you will eventually

1 get, they are doing a study on, of those in this
2 particular area that were apprehended. First of all,
3 three years ago, there was approximately 300 had been
4 apprehended and at the present time it is up closer to
5 just over 3,000. Of the 3,000, 100% of the cases of
6 first apprehension, it was solely and strictly marijuana.
7 On either the second, third or fourth apprehension, 78%
8 had advanced, if that is the correct word, to hard drugs
9 of which this year primarily it was LSD. If I may
10 leave it just like that, if there are any questions you
11 would like to ask.

12 THE CHAIRMAN: Could you give us those
13 figures again? You said there was about 3,000 who had
14 been apprehended in this area?

15 THE PUBLIC: That's correct. Not
16 all taken to court, but had been apprehended.

17 THE CHAIRMAN: What percentage of those
18 did you say were using marijuana alone?

19 THE PUBLIC: Initially, the first
20 apprehension, 100%. But on second, third or fourth
21 apprehension ---

22 THE CHAIRMAN: You mean, just a minute
23 now. There was 3,000 apprehended. They were not all
24 first cases of apprehension?

25 THE PUBLIC: Well, the first time
26 they were apprehended, those 3,000 it had just been for
27 marijuana. But of the ones that had been re-apprehended,
28 which was of the 3,000 on either second, third or
29 fourth occasions, they had advanced to the hard drugs.
30 78% of them.

1 MR. CAMPBELL: Am I to understand that
2 of the 3,000, only --- of the 3,000 they had been
3 apprehended more than one time?

4 THE PUBLIC: That's correct sir.

5 MR. CAMPBELL: How many had been
6 apprehended only one time?

7 THE PUBLIC: I couldn't tell you that,
8 sir. They were doing this one report and I was only
9 shown this one report on the basis that I gave you.
10 But I believe they are doing this across the country,
11 so you will get it eventually, the accumulative report.

12 THE CHAIRMAN: Thank you.

13 THE PUBLIC: Perhaps the only other one
14 thing I might mention, so far as the CBC and the media
15 on that point, my one prime point, and I would like to
16 say I think the CBC has been the leader in it. But I
17 do feel the CBC and the media at large has fallen, but
18 particularly in the special programmes, not just on drugs
19 but on all subjects, I am very strongly of the opinion
20 that they have presented first a distorted picture and
21 second, a heavily biased picture one way without giving
22 the presentation on the other side of the fence, on
23 practically all issues.

24 THE CHAIRMAN: Are there any questions?
25 Or observations for the representatives of the Toronto
26 and District Liberal Association?

27 THE PUBLIC: Mr. Chairman, I would just
28 like to give one comment, from listening to Mr. Snyder.
29 I happen to have been at the London Conference as a
30 delegate, and I confess that the statistics which he gave

1 you are correct. However, if we leave them there, they
2 may present a second distortion, that is for example,
3 in my constituency to be a delegate I had to submit
4 myself to a constituency meeting and run, and it was
5 compulsory that there be one lady and one person under
6 twenty-five. And every constituency was subject to that
7 regulation. Now obviously, if somebody went to lunch
8 during any vote, not only drugs, but any of the other
9 issues Mrs. McLaughlin referred to, that she alluded
10 were discussed at that meeting, or if a person didn't
11 bother to make the trip or went home early, this is
12 something beyond the control. I think that Mrs.
13 McLaughlin did speak in the past tense. She said this
14 was the result, these were the votes, you have the
15 statistics of how the delegates did vote, and rather
16 than try to present something that she said, I want you
17 to do this, or hope you will do this, she said this is
18 what came. And I think just to be realistic, and also
19 in a personal view now, I would like to say regarding
20 Mr. Snyder, and I am sure you have heard this more than
21 once. that the reverse logic of course, take for example
22 the heroin user and say he once used marijuana, he could
23 also have said he once used alcohol, he once **smoked** a
24 cigarette. But the person who smoked a cigarette isn't
25 necessarily going to be a heroin addict. The reverse logic
26 doesn't necessarily follow, and I am sure that everyone
27 here is aware of that. Thank you, Mr. Chairman.

28 THE CHAIRMAN: Thank you. Any other
29 statements at this time? I would like to thank you all
30 for your submission. Mrs. McLaughlin, did you say you had

1 sent us the reports? You said you were going to send it
2 within the next few weeks. We don't have it at the
3 moment here.

4 MRS. McLAUGHLIN: I gave your secretary
5 five or six copies of what I presented to you, and she
6 has them in her possession.

7 THE CHAIRMAN: Thank you. Thank you very
8 much.

9 We will now call now on Mr. A. Andrew,
10 who appears I believe on behalf of Spectrum, an
11 innovated service group sponsored by the Addiction
12 Research Foundation of Ontario.

13 MR. ANDREW: Thank you, Mr. Chairman. I
14 haven't got a prepared brief. I have got my own bias.
15 And I feel at this point I should make it clear that I
16 am one of a few hundred employees of the Addiction Research
17 Foundation, and my bias doesn't necessarily represent
18 the opinion of the Foundation, or other employees in it.
19 I also represent only one project of several in the
20 Toronto area. I feel that having given considerable
21 thought to the problem that you have been posed with,
22 to investigate drug use, or non-medical drug use, that
23 you have an overwhelming job. You have done an extremely
24 competent and honest job to date in your preliminary
25 brief. My particular bias is that drugs are not the
26 problem. And never have been a problem. I include
27 alcohol when we are talking about drugs in this light.
28 I don't know about anyone else here, but I drink alcohol
29 for the effects. As Ogden Nash said, "candy is dandy, but
30 liquor is quicker". I don't think anybody uses any drug

1 for anything except the effect of the drug. The basic
2 effect that any of these drugs have is to knock out
3 inhibitions, to release feelings that otherwise the
4 person hasn't been able to experience, or express,
5 without pure abuse. What we are involved in, is a
6 concept of cultural change where values that we at one
7 time held as perhaps the only way that a human being
8 could behave, and could be regarded as being normal,
9 are being assaulted. We are moving towards values,
10 ways of behaving in situations which we have in the
11 past regarded as immoral, bad, or sick. I feel we
12 approached initially the drug problem from our own
13 biases of this morality that drug use was sick. It was
14 deviant, because it was illegal. I am not sure I can
15 support the view that all drug use is sick, or deviant,
16 because it is illegal. I feel that we have to take a
17 look at the behaviour in context, with particular
18 individual and not across the board, as whether a drug
19 is good or bad. If we took the same concept of a
20 piece of behaviour being good or bad, and took a look
21 at our traffic accidents on the road, we might prohibit
22 driving entirely. I think we do need changes in our
23 legislation, and I think we need them badly. I think
24 we need something more than that. And perhaps this is
25 the basis of the innovative service that we try to put
26 in in Spectrum this year. We tried to operate without
27 hard and soft rules and regulations, as to what people
28 should do in given situations. We try to operate on
29 the basis of competence, and allow individuals the
30 freedom to make decisions that might be appropriate in

1 a particular situation. The same decision might not
2 apply in another situation with another human being.
3 One of our greatest problems in this innovative service
4 was that we were not used to this type of freedom.
5 We had a great deal of difficulty accepting the re-
6 sponsibility that went with it. We could talk about it
7 intellectually, we could conceptualize it, but when it
8 came to putting it into practice, in individual situa-
9 tions, we found great difficulty. I myself was tempted
10 throughout the summer to take recourse in rules and
11 regulations, impose hard and fast rules rather than
12 let the process we had started continue to operate.
13 The community at large reacted in a similar way. When
14 we allowed kids to crash on the premises, the community,
15 including the landlord, became enraged and upset that
16 we were permitting behaviour that might lead to a
17 breakdown in the otherwise moral standard of the
18 community. We found that there was great fear that the
19 kids would be using drugs, and selling drugs on the
20 premises. There was a great fear that sexual behaviour
21 would take place on the premises because the kids were
22 allowed to crash. With these pressures we again had
23 the temptation to set up hard and fast rules and
24 regulations, and not to operate on a process of freedom
25 and responsibility. I think that conflicts that we
26 are evidencing in society today is around this very same
27 phenomena. People want freedom, but freedom entails a
28 great deal of responsibility. The law in my opinion,
29 is our attempt to legislate morality in the absence of
30 our ability to exercise freedom with responsibility.

I think at times we become overburdened with rules, with laws, where laws haven't been necessary and in fact to violate personal freedom. I don't think laws will ever be effective in bringing us to a point of being able to exercise freedom and responsibility. I think they are a substitute for it. And I think, in looking at the legislation on drugs, we have to realize that we are exercising a substitute for individual freedom and responsibility. I think we have to be careful in the extent to which we enforce laws. We don't make things legal, we make things illegal. I was contradicted by a lawyer the other day, and I suggested that birth control literature had now become legal. And he said no, it has simply been made not illegal. I don't think we are legalizing marijuana, and if the laws are changed in removing it from being illegal, in my opinion, you have a very difficult task. I have no recommendations to make as to whether or not marijuana should be legalized, or how it should be legalized.

THE CHAIRMAN: Well that is an interesting --- excuse me, I didn't mean to interrupt you. That's an interesting statement you made there, not legalizing. If we remove the criminal law prohibition from marijuana, we are not legalizing it, but making it --- ceasing to make it illegal. And it reminds me of another statement you made earlier today as to the effect --- although it was just a short while ago --- was the possible effect of legalization and the perception, what would it mean in the public mind. And we have indicated in our interim report that this is a

1 consideration that we had in mind, that in a stage, what
2 would it signify relative to harm, or relative potentials
3 for harm. What is your opinion on that; can you give
4 me the actual state of the discussion on the essential
5 situation, the pros and cons? What, in your judgment,
6 would making it legally available suggest
7 to people as to relative potential for harm? If you
8 have any opinion on that?

9 MR. ANDREW: I think, in the minds of
10 people, the factor of morality would be more of concern.
11 I think people are frightened of the effect of marijuana,
12 the emotions and the possible behaviour of people who
13 might be using marijuana. Now, whether this is true or
14 false, I tend to believe it would be false. That it
15 would be dangerous. But whether it's true or false, I
16 think that people are frightened of this. There has
17 been a great deal of literature published on the acting
18 out behaviour of individuals having used drugs. I think
19 people are frightened of a moral breakdown in society
20 through drug use. I don't think it's the individual
21 effects of the drugs, as much as the moral breakdown
22 that individuals are frightened of. From our experience
23 in Spectrum, the community attitude towards staff
24 employed who have used drugs, and have been involved
25 in drug use themselves, perhaps indicates this. There
26 was a tendency for the community to act negatively
27 towards the staff's own use of drugs. I seem to be
28 getting a message that the community was against use of
29 drugs, that they felt all drug use was abuse. Now,
30 this was not based on any sort of fact of acting out

1 behaviour, but simply their own bias in reacting to the
2 situation.

3 THE CHAIRMAN: Are there any questions
4 or observations of Mr. Andrew? Well, thank you very
5 much, Mr. Andrew.

6 MR. ANDREW: Thank you.

7 THE CHAIRMAN: I call now Professor
8 Steven Clarkson.

9 MR. CLARKSON: Mr. Chairman, I put my
10 remarks on paper. Do you have a copy?

11 THE CHAIRMAN: Yes, I have a copy.

12 MR. CLARKSON: Madame and Mr. Commissioners,
13 I would like to refer, or rather take off Page 185 of
14 your report where you mention the complex social
15 challenge and the social responses.

16 THE CHAIRMAN: What paragraph is that?

17 MR. CLARKSON: I am sorry, Page 195, I
18 am sorry. It's just that you --- the one point in the
19 report where you mention the problem of the social
20 process. Because I don't want to speak as an expert
21 in any way, since I'm not a user, and since I have not
22 --- there's no point in my reporting on the policy
23 discussions going on in the Liberal parties since that's
24 already been done. What I thought it would be interesting
25 and important to do would be to relate to the problem
26 of the Commission as a part of the political process.
27 And give, first of all, some feeling for our problems
28 politically, as we in the municipal campaign a year ago
29 got involved in the drug problem. And the conclusions
30 that we --- at least that I would draw from that

1 experience concerning what the problems of the Commission
2 in its findings --- what the problems of the Commission
3 are in relating its findings to the political process.
4 Clearly the findings are not important in themselves,
5 as much as important as the way they have an impact or
6 what actually gets changes in the legislation, in any
7 of the three levels of government.

8 The first point that we found in the
9 campaign was that the drug issue could not be evaded.
10 We had not any policy on drugs, since we had not thought
11 of this as a municipal issue. And the problem simply
12 exploded in front of us, partially because at that time
13 in Scarborough there was a real issue --- in fact there
14 was quite a sensational treatment in the media. And
15 secondly, we got a phone call one day from a woman who
16 said that her five year old son had found a hypodermic
17 needle on the sidewalk and what was I going to do about
18 it. That was a challenge that we really did not want
19 to ignore, and in a sense, instantly had to make a drug
20 policy. I'll go into a couple of details of this to
21 show the problems involved, although this is the point
22 of my presentation. We called a meeting of those people
23 including this mother who had found this, who were in-
24 volved in the drug areas, social workers, students and
25 some chaplains at the university and so on, and we
26 decided we should relate to the issue. I myself spent
27 an evening in Yorkville, taken by one of the members of
28 the Addiction Drug Research Foundation, around to the
29 clinic at Rochdale, to a house where he knew there were
30 ex-speed freaks who were still on drugs talking. That

1 was my own personal education. More important, we
2 decided to have a public open meeting as a theatre where
3 we would invite users and parents and anyone who was
4 interested to come and help us make our policies, since
5 we did not have one, and we wanted to involve the
6 community in helping us deal with this issue. It was
7 a meeting that went very well. We had panelists. There
8 was good discussion, some important conversation, and
9 the result was the meeting set up a committee basically
10 of concerned citizens who were the social workers in
11 the area, who agreed to meet and decide what were the
12 minimum urgent demands in the City concerning drugs,
13 the drug abuse problem as related to the responsibility
14 to City Hall. This group of people who volunteered at
15 the end of the meeting had a couple of days later drawn
16 up a list of what they considered to be the absolute
17 minimum of the urgent needs they had, and presented it
18 to us, and as far as I know they presented it to other
19 people involved in the campaign. And we actually did
20 accept their programme. It was a small \$100,000.00
21 price tag programme of a couple of drop-in centres, a
22 crash pad for 150 people, twenty-four hour clinic,
23 assuming we could use other facilities not otherwise
24 being used. This was adopted and we felt very happy
25 that in a ten day period, we had evolved very quickly
26 what seemed to us to be a responsible policy in this
27 area.

28 Now the most important point to report
29 to you is that this was a disaster politically for us.
30 It was in political terms counter productive for us to

1 have taken that step and got involved in the drug issue.
2 As far as we can tell although there is still scientific
3 data on this to prove it one way or the other, it would
4 have been much better for us like the other politicians
5 to have stayed out. Some examples, the indications of
6 this that are certainly not proved, but give us this
7 feeling quite strongly, well offhand comments by taxi
8 drivers. As you may know, the taxi drivers in Toronto
9 have their finger on the pulse of the political thinking.
10 A taxi driver saying, "well, Clarkson is a hippie" based
11 on presumably the reporting of that meeting. And one of
12 the most important reports of the meeting was the CBC
13 news the following night, in which the commentary was
14 quite good. It was reporting on the debate and the
15 result of the meeting, but the image, the coverage, they
16 filmed the meeting was simply the Rochdale kids who had
17 come in and were dressed in fairly marvelous and outland-
18 ish costumes, including adults in bare feet, and the
19 image that came across on television news of our meeting
20 was simply "the hippies are taking over". That was the
21 problem with communication of a sensational issue, in
22 relatively sensational terms, giving the impression that
23 those
24 who were relating to the drug issue were either permissive
or legalizers or ---. The message was, you know,
25 that we were letting the hippies take over.
26 Another problem was in campaign terms and political
27 terms, once having adopted the policy it was virtually
28 impossible to communicate it, because since the news
29 media relate to what they consider to be news, once
30 they had reported our new policy, it was dropped and

1 since we had no interest really in maintaining the
2 sensational elements of the situation, our objection
3 was that we ought really to cool it, and educate the
4 public, but the media were not effective because of
5 the limitations on reporting, the press and the radio.
6 They were not effective in transmitting our message to
7 the public in a responsible and cool way.

8 Well, I don't want to go on at any greater
9 length. I have written this in a paper in front of you,
10 but what I would conclude from this as far as the
11 Commission is concerned, and I think it is extremely
12 important that you are engaged in this long process,
13 what I think is, I have two or three recommendations I
14 would make, point of emphasis I would make. One is you
15 continue to think of yourselves as playing primarily a
16 cooling and educating function and in telling about the
17 extremely alarming --- some people are a very threatened
18 population --- primarily parents. And the student age
19 population, perhaps primarily the users, although that may
20 not be true, that the issue can be dealt with in intelli-
21 gent terms. That must be obvious to you in any case, but
22 that's just a declaration of support from your activities.

23 The second point is more important I
24 think, and I think that you should not conceive of
25 yourselves as simply relating to the Federal Government.
26 I think that your report should come out and make it
27 clear to the three levels of Government, in what way the
28 issue affects them, because it is too easy as you know,
29 in our system for municipal politicians to pass the
30 buck because they haven't got the money, or whatever, to

1 the other levels of Government. It is too easy for the
2 other levels of Government to pass the buck backwards.
3 And if your report could come out with a critical
4 assessment of what has and has not been done at the
5 three levels of Government in the areas, well perhaps
6 it may differ from one municipal area to another, but
7 at the three levels of Government in general, and make
8 it specific and clear what each level of Government can
9 do independently first of all, and then in conjunction
10 with the other levels. Because I think the buck, in a
11 sense, and this is a point I will conclude on, the buck
12 has been passed to you politically, and if I could
13 change the metaphor the ball is in your court. I think
14 it's extremely important that you hit it back to the
15 political court in a way that the politician can deal
16 with it. In one sense it should be in a way that they
17 can understand it and relate it to their own levels of
18 competence constitutionally. And it should come to them
19 in a way that they cannot evade it. So rather than
20 talking in general principles, it should be made
21 specific. For instance, at the municipal level there are
22 a lot of things, welfare measures or through the use of
23 housing that is scheduled for destruction but can still
24 be used as drop-in centres. There is a lot that can be
25 done by City Hall or Boards of Education to deal with
26 the issue or implement the recommendations that you may
27 be making. That really, sir, madam and gentlemen, is
28 all I wanted to say. In summary, the drug issue is so
29 hot that when politicians in the restrictive confines
30 in an electoral situation, try to deal with it, the

1 issues become too simplified, too polarized, too violent
2 for them adequately to be communicated, well, in the
3 emotion of an election campaign, and secondly you are
4 able I think to play the role of educating but not just
5 must you educate, you must also give back to the
6 politicians in a way they can handle, your recommendations
7 so they can be implemented. Thank you very much.

8 THE CHAIRMAN: Thank you. Professor
9 Bertrand?

10 MISS BERTRAND: If I am correctly
11 informed, this campaign took place one year ago?

12 MR. CLARKSON: That's right.

13 MISS BERTRAND: Do you think that the
14 outcome and the reaction would be exactly the same
15 political-wise if it would be now?

16 MR. CLARKSON: That is hard to judge.
17 I would say generally, yes. It became an issue because
18 there was some sensational developments in a part of
19 the City. I don't see that the public is any better
20 educated or that students feel any less alienated than
21 they did a year ago. And that is one point I do have
22 in the brief, I didn't mention orally. It seems to me
23 also that one thing you can do is build a bridge, as
24 already you were doing a year ago when the campaign was
25 on. You were having your hearings. Build a bridge
26 between that part of the population which in my view
27 has been amazingly alienated because I think they think
28 of this system as the police, with whom they have the
29 most direct contact. Now I had no indication that the
30 situation has changed in any dramatic way. It may have

1 been less bad in Toronto this summer than we were
2 expecting. But I do not see anything really has changed.

3 THE CHAIRMAN: I was very interested in
4 your suggestion that we hit the ball back into the
5 political court, as you put it, in a way in which it
6 could be handled. It linked up in my mind with something
7 else we have heard today --- we have also heard on
8 other occasions. That is the recommendation that we
9 suggest what would be an ideal system and then suggest
10 what we think would be a politically and socially
11 feasible system, that is like two lines of analysis.
12 Now you have just spoken, I don't want to put words in
13 your mouth, but the actual words you said is that the
14 issue is a hot one politically, so hot that it doesn't
15 seem too easy or safe to handle in your own experience.
16 Do you think that we can, I mean I am just pursuing
17 your thoughts now, do you think we could handle the job
18 that has been given us, such as first ascertain the
19 facts, and secondly, try to the suggest the facts that
20 would be a wise social policy? If we can handle that
21 job properly, if we attempt to engage political
22 feasibility, when you yourself and others suggest to us
23 that it is almost at this time, to say the least, not
24 an infallible process.

25 MR. CLARKSON: Mr. Chairman, I would
26 say not just should you, but you are the only group
27 that can, and you are the only group really to say to
28 the legislature you have to do it in Ottawa. This way
29 you should do it in Queen's Park in ultimate detail.
30 But I think, my feeling is you should make it clear what

1 can be done federally, and what can be done provincially
2 and what can be done municipally in order to prevent the
3 politicians from immediately saying well it's very good,
4 but it's someone else's job.

5 THE CHAIRMAN: When you are saying what
6 can be done, you mean what is in the power of any levels
7 of the government if they want to do it?

8 MR. CLARKSON: Yes.

9 THE CHAIRMAN: There is no doubt about
10 that. Or in other words, that is what you mean by
11 political feasibility. You don't mean what the measures
12 that might be able to get acceptance politically?

13 MR. CLARKSON: My advice would be, that
14 is not your business.

15 THE CHAIRMAN: That is the assumption we
16 have been proceeding on, it's not our business.

17 MR. CLARKSON: That's right. You shouldn't
18 be double thinking either, as politicians or the public.
19 It seems that we the public hope you will make recommendations
20 on what you feel to be the right answer and any
21 kind of compromise you make in your minds, because you
22 don't think the right answer will get acceptance, I
23 think it would be a great misfortune.

24 THE CHAIRMAN: Well we agree with that,
25 but I just wanted to be sure that I understood your
26 recommendations.

27 MR. CLARKSON: I think you can make the
28 issue, make it --- you give us the issues and a way
29 we can handle it, "Well the Commission says that X and Y,
30 and say X is legalization and that's Ottawa's job, Y may

1 be what provincial government has to do, because it has
2 the bulk of the funds for welfare programmes. That is
3 what the municipalities can do, and there is no longer
4 any excuse for us to refuse to deal with the issues."
5 You can get those people who want to deal with the
6 issue locally, some support.

7 THE CHAIRMAN: Are there any other
8 questions or comments for Professor Clarkson?

9 THE PUBLIC: Mr. Chairman?

10 THE CHAIRMAN: Yes?

11 THE PUBLIC: Mr. Chairman, I didn't
12 intend to say anything since I am from out of the
13 Province, but I would like to suggest an opposite counsel
14 to you in reference to the Chairman's question that you
15 got from the Professor. I would like to suggest to you
16 that if you do not grapple to the extent of all the guts
17 you've got with the political feasibility in terms of
18 the people to whom you are recommending it, you are going
19 to make a bad mistake. Somewhere or other, you have got
20 to take this thing as one of the big realities that is
21 confronting you. You may not like the fact that it's
22 in front of you, but it is confronting you. And if you
23 don't take it, you will be courting the kind of
24 political disaster that you were describing in reference
25 to the particular municipal elections. Now that's my
26 profound belief. I have watched Commissions operate in
27 the past, and I have found those to be the most helpful
28 who took that into account. And now, I don't want --- and
29 I will merely mention one Commission that has had a
30 tremendous impact in the area of --- of the alcohol

1 problem. And which I think did take this matter extremely
2 well into account. And I am sorry that I have to in men-
3 titioning it, refer to my own Province. If it had happened
4 somewhere else, it would be just the same with me, and
5 I would be glad. And I would refer you to the work in
6 the period of 1954 and '55 in Manitoba, when under the
7 late John Bracken we had the Manitoba Liquor Inquiry
8 Commission which produced a monumental and socially
9 significant document. And I think one of the reasons
10 it was socially significant, is that it grappled with
11 that very thing. It said, now if we are going to make
12 certain recommendations to our politicians and they are
13 good men, let's try to be in their shoes to see what the
14 heart of the possibility is for them. I leave it there.

15 MR. CLARKSON: May I reply to that Mr.
16 Chairman? I will give you an example of one Commission
17 Report, the report when made, a lot of clear, political
18 thinking went into it, lots of compromises made before it
19 was published. It was under the influence -- namely the
20 Watkins Report. That report as you know came out in
21 February of 1968 just as leadership turmoil was going on
22 in the federal liberal party, and it was tabled really
23 because of extraneous political reasons, and it's been
24 retroactive now in the (inaudible) Report. It is very
25 difficult for you to double guess politically and perhaps
26 it's less important than I think, it depends on how well
27 you are adapted to cabinet thinking, but you can't do the
28 job adequately at all levels of the Government across the
29 country. And it's clear in the whole tradition of Royal
30 Commissions and public inquiries, that you are asked to
sit in a balanced committee, have hearings across the

1 country, to do what the political --- the normal part
2 of the political process cannot do, and that is come to
3 a reasonable non-partisan presumably progressive stand
4 on the issue of social importance. And I would think
5 there is no need for you to do that double guessing.
6 The politicians --- have their professional jobs to do,
7 worrying about what can be implemented and what can't.
8 And unless it became --- it was clear to the public
9 what was your real programme and what was your suggested
10 political programme, I am afraid that if it was thought
11 this kind of thinking had been going on, then even the
12 credibility of the liability of your report would be
13 questioned.

14 THE CHAIRMAN: I should like to say that
15 we are much concerned, and have to be with what you
16 might call social feasibility. That is the actual
17 possibility of the various responses or options that
18 are open to us, their actual limitations or possibilities
19 as operating influences and measures. So we do think
20 in terms of social feasibility. But we are very grateful
21 to have this exchange of views on our function.

22 Are there any further questions?

23 THE PUBLIC: May I address a question
24 back to the Commission? If you make a recommendation
25 as the balancing factors come in, would you then
26 consider that it would be part of the Commission's role
27 to publicly call and press the Government to at least
28 respond to favourably, or unfavourably, or half
29 measures, or whatever they do respond to this Commission's
30 recommendations in that? It is my opinion that the only

1 reason Watkins Report has come again to public light,
2 was because the Commissioner, the Chairman of that
3 Commission did follow up on the recommendations instead
4 of letting it lie in --- you know, in the Civil Service.

5 THE CHAIRMAN: Yes, I think any
6 any decision of that kind would have to be deferred
7 until we submit our final report, and that would be
8 something we would have to give consideration to in the
9 light of circumstances and time. I think presently we
10 certainly don't feel we can play any political, you
11 know, role, while we are conducting this inquiry, and
12 what working on our final report. But/we may individually
13 feel in the way of continuous responsibility is something
14 that will have to be determined by us when we are dis-
15 charged from our collective responsibility.

16 THE PUBLIC: You seem to be underscoring
17 the importance of your work, Mr. Chairman, I was just
18 wondering if Professor Clarkson would confirm, as a
19 result of one of his statements, that his interest and
20 initiative in the drug problem in the election of one
21 year ago, was politically a disaster? At least if you
22 want to consider the number of members elected. Does he
23 consider now, with the benefit of hindsight, that it
24 was well worthwhile to take --- to have taken that
25 initiative and that he looks forward to ultimate progress?

26 THE CHAIRMAN: Professor Clarkson?

27 MR. CLARKSON: Is that an order that I ---

28 THE PUBLIC: I just wondered, do you
29 consider this worthwhile?

30 MR. CLARKSON: Well I think it was. I

1 didn't say it was a disaster, I said I thought it was
2 counter productive electorally and I can't prove it.
3 But that was the impression. I think --- that these
4 political events are not isolated, and one of the
5 reasons the Liberal Association has quite an advanced ---
6 the same people were involved then, have been involved
7 now for over a year in talking about it. And as the
8 education process politically was greatly speeded up
9 by what would happen last year in the City of Toronto
10 in the campaign, in general, in terms of making City
11 politics more important, I think it is also true that
12 in terms of drugs --- developing public consciences
13 about the problem, we had a small role to play. I
14 think if we made that decision again, we wouldn't have
15 put as big an emphasis on it simply because of the
16 difficulties of going from point --- not point A but
17 point B of getting a good policy to point C of the
18 ballot box. It was too confusing a situation for the
19 public to be able to relate to coherently. But --- is
20 that enough?

21 THE PUBLIC: I just wondered if it had
22 top priority and you don't regret the initiative?

23 MR. CLARKSON: It was not priority, but
24 it was just the issue was, we were not able to handle
25 such a big issue, and even if --- having trouble in the
26 normal legislative process.

27 THE CHAIRMAN: Are there any further ---
28 Yes?

29 THE PUBLIC: Now, you have been talking
30 a lot here. Now it was my impression that this meeting

1 was called to get the public's opinion, and as we looked
2 around we saw that very few people showed up. Now I
3 blame this on three reasons. First of all, the time and
4 the place of the meeting, it was during working hours,
5 it was not located in the downtown area. Now the other
6 point was the publicity for this. Very few people knew
7 about this meeting, and I think if the Committee ---
8 when the Committee has further meetings in other cities,
9 that they should have more publicity and that they should
10 both pick a time and a place that is convenient for the
11 public.

12 THE CHAIRMAN: Thank you.

13 Thank you very much, Professor Clarkson.

14 I call now on Dr. Angus McDonald, Clarke
15 Institute of Psychiatry.

16 DR. McDONALD: I understand you've had a
17 very long day, and I'll try to be fairly brief. I will
18 also probably editorialize a bit. Partly because from
19 what I've heard from others who have been here before,
20 most of the basic issues have in fact already been
21 covered in one form or another. There are innumerable
22 problems involved in discussing the effects of drugs,
23 not the least of which is the finding in the first place
24 of what a drug is, which at times becomes quite a bit
25 more ambiguous than it is at others. A nice illustration
26 a
appears in/rather popular book by DeRocque, called
27 "Drugs in the Mind" in which he quotes a Chinese poet
28 describing the events of what happened to be his
29 favourite drug, and I quote it. "The first cup moistens
30 my lips and throat, the second breaks my loneliness,

1 the third cup searches my bare entrails to find five
2 dozen volumes of idiograms. The fourth cup raises a
3 slight perspiration, while the worry of life passes away
4 through my pours. At the fifth cup I am purified, the
5 sixth cup calls me to the realms of the immortal. The
6 seventh cup, ah but I could take no more, where is the
7 (inaudible".) Probably some of you can guess that the
8 drug in question is tea, which in our current culture
9 is drunk in such quantities and is so well integrated
10 with this culture that most people don't even think
11 of it as a drug, let along having psychological effects
12 which it certainly does.

13 Tea is not the only ex-drug in our
14 culture today. Nor is it the only one that has been
15 condemned at various times as being liberators of sin
16 in one form or another, and repressed for a long period
17 of time. For example, both coffee and chocolate have
18 been accused of being both of those among other things,
19 aphrodisiacs and excitors to violence. Both of them
20 were severely repressed for a considerable period of
21 time. Both of them carried serious social stigma for
22 their use. And of course there are modern counterparts
23 to that today. I don't think it is necessary to review
24 the literature on certain issues, because I would hope
25 that you have heard all of them before already. For
26 example, with rather overwhelming evidence that marijuana
27 has no particular negative effects that are known about
28 at the moment, and also that the LSD chromosome
29 issues is something of a joke among professionals who
30 are familiar with that topic, which I believe Dr. Solursh

1 described previously. Instead, I would like to go into
2 a few of the things that cause such misconceptions to
3 arise in the first place, of which there are many. But
4 I think some are distinctly more important than others.
5 One of those popular ways in the past of determining the
6 effects of illegal drugs has been unfortunately and not
7 very logically to study the people who use them. What
8 is involved here is what's been termed popularly the
9 post hope fallacy, which means that if one thing comes
10 after another, you assume that the first thing must have
11 been responsible, the causation. And of course in many
12 cases this is not true at all.

13 In the case in question, this means that
14 many investigators are inclined to attribute any peculiar-
15 ities among those people who they study to the fact that
16 they used certain drugs in the past. Even though in most
17 instances you can demonstrate that these people had
18 problems which long preceded any drug use at all. A
19 classic example of this type is the book called
20 "Amphetamine Psychosis" published by Connell in 1958,
21 which was decided as a basic reference in support of the
22 idea that amphetamines cause psychosis. The author
23 himself provides enough material on the past histories
24 of the people in question that it seems evident that
25 they would be probably highly abnormal regardless of
26 whether or not they had ever used a drug. And this is
27 not of course to say that the drug could not produce
28 those effects, but it shows how they could be easily
29 exaggerated. I am personally familiar, from working in
30 a hospital, of the case of a nineteen year old who was

1 classified, or almost classified as an amphetamine
2 psychotic. In talking with this person, I found that
3 he had attempted suicide at one year previous to ever
4 having used a drug, including amphetamine, and that he
5 had had several psychotic episodes before ever having
6 used a drug. And yet many people who are inclined
7 because of his chronic drug use at the time, to say that
8 this is a result of the drugs, and not just another
9 symptom. Part of the appeal of this type of argument
10 I think is because it gives a very simple solution to a
11 very complicated problem. There are certain kinds of
12 personalities sometimes termed chronic personalities,
13 which tend to overdo anything that they use in the drug
14 line, whether it be coffee or cigarettes or any kind of
15 drug they use, they will use to excess. Usually people
16 like that have serious problems in the first place.
17 Drug use is only one example of how they are unable to
18 control their own behaviour. Another rather nice
19 illustration of the post hope fallacy is the less
20 publicized issue, the toxic effects of Placebos. Placebos,
21 as you probably know, are substances. They are inactive.
22 They were selected to be inactive. One common one is
23 lactose sugar which in small amounts does nothing. So
24 if anything does occur after you give this to a person
25 in the form of a pill, you can assume that the effects
26 are psychological and not physiological. There are in
27 fact a large number of toxic reactions to pills of this
28 sort which contain no active ingredients. Harold
29 Avison for example who has done a considerable amount of
30 research with LSD, has reported on a number of them. For

1 example, he gave one subject tap water and said it
2 contained LSD and the person became so agitated that he
3 couldn't get up alone for something like twenty-four
4 hours and he was continuously agitated for a week
5 thereafter. Another case described by Avison is a person
6 had hysterical paralysis of both legs and had been given
7 what was supposedly LSD but in fact there was nothing
8 if
9 in it. The thing is that/these kinds of substances
10 actually did contain something, weren't merely placebos,
11 but actually have an active ingredient, and this person
12 had an active reaction, which he contributed to the drug.
13 But very often the drug is not the factor; the personality
14 is the factor. There are other reports by a variety of
15 people, things like skin reactions, psychotic episodes
16 following Placebos which are usually used in control
17 groups, groups while doing research on drugs. While
18 Timothy Leary was still doing fairly reputable
19 research which he was at one time, he was screening
20 subjects for an LSD study with a series of personality
21 tests because he wished to eliminate unstable people
22 who would give him even worse publicity than he had
23 managed to accumulate. One subject who was rejected
24 from his study on the basis of a personality test, went
25 home and committed suicide and he left a note afterwards
26 saying that he was so disappointed at not being given
27 LSD which he had hoped would help his personality problem,
28 that he decided life was not worth living. Fairly
29 obviously, if this person had been given this drug and
30 then committed suicide, the newspapers would have played
this up as another example of the suicide from LSD.

1 Leary once stated that LSD was the only drug capable of
2 producing a psychotic reaction, in people that had never
3 taken it. He was quite wrong. There are quite a number
4 of others, including marijuana, mescaline, psilocybin, etc.
5 And a good long list that most of you already know. The
6 public media of course contributes quite a bit to drug
7 paranoia in this culture. I will mention one typical
8 incident. About two and a half years ago, the newspapers
9 where I was living at the time, carried a front page
10 article describing how six students had taken LSD and
11 afterwards stated they stared at the sun until they went
12 blind. In the course of giving quite a number of talks
13 in public situations to people on drugs, I have asked a
14 good number of audiences how many had heard of this
15 incident, and there have been well over 100 people who
16 have. I also asked how many had seen the retraction and
17 so far out of all that number there have been only four.
18 You realize this incident never took place. The person
19 who told the story later admitted lying. He was the
20 person who taught at the school for the blind, and he said
21 by explanation that he was so horrified at the idea of
22 teenagers using drugs like LSD, that he wished to
23 frighten them off. And this was his method of doing so.

24 Undoubtedly a lot of people will sympathize
25 with motives of that sort, because they do think that
26 drugs are rather frightening things, and they don't want
27 people to take them in any controlled fashion. And it's
28 somewhat understandable, but among other things, it
29 destroys the credibility of the media and for that
30 matter continues to destroy the credibility of a lot of

1 other groups of the popular media. When teenagers who are
2 told for example that marijuana may cause them to go
3 insane, or to have various physical problems, are true,
4 and finally on some occasions, and certainly it is very
5 common today, they smoke the drug and they find it does
6 nothing in particular except make them feel good, it's kind
7 of understandable that they tune out to the source of
8 authority that were trying to tell them what the dangers
9 of other drugs are as well. And some other drugs of
10 course are very real danger. In general, I would like
11 to say that I was most pleased with most of the interim
12 report of the LeDain Commission which unfortunately I
13 have not seen in whole, because it is extremely difficult
14 to get a copy of it in this area, but I am sure that
15 has been mentioned before.

16 However, I am bothered by worrying about
17 one particular thing, is how academic is it to be sitting
18 here discussing issues like drugs when it is very probably
19 that Canada may commit itself by international treaty to
20 an agreement which goes directly contrary to everything
21 the report suggests, and would make all of this an exer-
22 cise of futility. I think it is utmost importance that
23 Canada not commit itself to a policy of that sort. I
24 realize there is pressure in that direction already, and
25 I hope it succeeds. There is one particular point that
26 was mentioned in the interim report that I would like to
27 concur with, and this is the need for places where drugs
28 which have been obtained on the black market can be anal-
29 yzed. There has been a dramatic increase in black market
30 drugs quite out of proportion to the increase of people
using

1 them. The primary reason for this is probably the
2 increase ingenuity of those making such drugs and
3 discovering new dilutants for them. Additives like
4 strychnine, atropine, or mundane things like
5 cleanser and ground up wall board are very commonly
6 found in things supposedly LSD, mescaline and so
7 on. In fact, I believe that a good number of those
8 things that are called bad trips are really not the
9 effects of the drug as it is thought to be, but are
10 actually toxic reactions to poisonous substances in
11 the black market pills. This is really quite common.
12 Most people know it, and yet at the same time there is
13 pressure to prevent such analysis on the theory it might
14 be a quality control house where people use illegal
15 drugs, which of course to a sense is true. An example
16 of this kind of substitution, there are two problems
17 involved with drugs never being analyzed. One is
18 the toxic ingredient that might be added: the other is the
19 drugs are sometimes misidentified. An example that I
20 know of from working with the Addiction Research
21 Foundation in Windsor, not so long ago, was a
22 sixteen year old girl who had been injecting something
23 into her arm on a daily basis which she was told was
24 called Skag. She had been told this was a new kind of hal-
25 lucinogen and when she came to the Addiction Research
26 Foundation, she was having a serious problem, which she
27 didn't quite understand. It's not too hard to
28 understand, because although she didn't realize it,
29 Skag is one of the newer terms for heroin. But she of
30 course did not realize this was the case, and was taking

1 it. She was thinking it was some kind of new hallucigen.
2 There is no way for her to know the difference, but it
3 was a rather obvious case because Skag is not really that
4 rare a term today. By the time she did discover what
5 it was, she considered herself addicted. A good number
6 of people would be inclined to say that anyone who is
7 willing to inject a drug into their arm they never heard
8 of before, probably was a damn fool in the first place,
9 and so good riddance. Unfortunately, there are so many
10 people doing this that it's not really much to the point
11 to say that. It is certainly true, there are a lot of
12 uneducated, uncritical teenagers, particularly the lower
13 teenage years, who will take almost everything imaginable
14 and undoubtedly are doing both temporary and long-term
15 harm to their systems. It's happening in such quantity
16 that it really should not be ignored, even if it is
17 tending to be a function of stupidity on their part.
18 Under those circumstances, I think it is really appalling
19 that such facilities as those that were provided by the
20 Addiction Research Foundation until recently, analyzing
21 street drugs, has been discontinued.

22 As a last general comment, I would like
23 to say it is extremely easy for anyone involved with the
24 use of drugs under the present legal system to invariably
25 end up with an exaggerated notion of how messy and sordid
26 the whole business is. The only people who are
27 generally seen involved in drug use are those who are
28 having problems, and generally lots of problems. It is
29 extremely easy to forget there are probably a good number
30 of people who also use drugs, the same drugs in other cases

1 are associated with debilitation of some kind, but they
2 use them non-compulsively and derive no benefits. These
3 people are almost never heard of for several reasons.
4 Partly because they have no fascinating drug scenes to
5 watch. Partly because they are afraid that someone else
6 will find out, and partly because it just doesn't sell.
7 Which reminds me of a classic case of a university
8 professor who tells his students in a lecture how
9 marijuana is for drop outs and for people who can't cope
10 with reality, and then proceeds to go home and get his
11 own supply. I think it is rather unfortunate that
12 hypocrisy occurs in this culture, and it should be
13 stopped.

14 THE CHAIRMAN: Thank you, Dr. McDonald.

15 Are there are questions?

16 What is your general position on what
17 our social policy should be? I have been listening
18 very carefully to what you have been saying, but what
19 does it add up to in terms of the general social policy?
20 You did say you agreed with the interim report, I did
21 notice.

22 DR. McDONALD: Yes, I said very general.
23 Primarily I think, let me use another example. When in a
24 culture like ours, drugs apparently have no harmful effects
25 whatever, involve people in long term prison sentences,
26 and other drugs which go to hundreds of thousands of
27 people per year are perfectly legal, and accepted, people
28 simply don't take law seriously, not only drug laws but
29 laws in general. But as long as that kind of system is
30 perpetuated, I think there will be a continued estrangement

1 between those people who are aware of such things --- that
2 simply don't deserve the kind of notice they are giving.
3 It also leads to a kind of association, mainly the
4 teenage kids I've talked to that think drugs can hurt
5 them --- marijuana made me feel good and none of the awful
6 things they said would happen, happen to me, so then maybe
7 heroin isn't really physiological addiction. Maybe
8 that's an illusion too. Maybe if I sniff glue, it won't
9 kill my lung tissue, because the same people that are
10 telling me this, told me the other thing that wasn't
11 true, so that after a while the whole business just isn't
12 taken seriously any more. I don't think the possession
13 of any drug, with the possible exception of opiates,
14 should be illegal, partly for that reason. And partly
15 because it is wholly impractical when laws are such that
16 somewhere between 25% and 50% of the population would
17 be in jail, if someone knew what they were doing, then
18 they are getting a little out of touch with reality.
19 And it would be very nice to see modification or eliminating
20 such laws altogether, or at least proceeding that way.

21 THE CHAIRMAN: Thank you.

22 We call now on Mrs. Phyllis Evans. This
23 is the last scheduled submission. Is Mr. David Reeves
24 still here? Perhaps if we have time ---

25 MR. REEVES: I will just take a few
26 moments, Mr. Chairman.

27 THE CHAIRMAN: Mrs. Evans?

28 MRS. EVANS: Good evening. Mr. Chairman,
29 and members of the Commission, I wish to thank you for
30 granting me this time this evening to speak to you for

1 a few moments. I have submitted a brief which is already
2 in your hands. And I would like to outline the thinking
3 behind it. I am here because I am concerned about the
4 possibility of legalization of marijuana. I have had
5 first hand contact with this thing through young people
6 who have confided in me. Already, fine young lives are
7 being ruined by these drugs. We have all the object
8 lessons we need. Are we going to go on foolhardedly and
9 relax our laws and see more and more people enmeshed in
10 this unnatural habit? There is a way to stop this
11 trek towards the abyss. I am here to declare today
12 that the only thing that can save us from becoming a
13 drug controlled nation is the power of Christianity.
14 We have got to return to the God we have neglected for
15 so long. Every kind of answer for our use has been
16 placed before us by all manner of people. But no one
17 thinks of saying that we have to return to Christianity.
18 Christian thinking must permiate all we do. The making
19 of our laws, our attitudes in society, must be tested
20 in the crucible of the Christian faith. The all permiss-
21 ive society has to vanish. The voices clamouring for
22 liberty are false voices, because they want license, and
23 not liberty. When we place God foremost in our thinking,
24 we shall know what to do about marijuana. He has taught
25 us to love others, but love is a hard stern thing because
26 it makes us measure up to God's standards, and not our
27 own paltry methods. God's love will not let us off our
28 high exotic standards of conduct, and before everyone
29 we have to proclaim that we must take the path God has
30 mapped out for us. The thing that shocked me most in

1 my reading of the interim report was the realization of
2 how empty and barren and miserable many people's lives
3 are today, to think that they have to resort to drugs
4 to get a little flutter in life that cheers them. I
5 and many people like me, are Christians. We belong to
6 church groups, and I am here to tell you that we will do
7 what we can to assist young and older drug users to
8 break away from that habit, and introduce them to the
9 real joys of living as they are found in Jesus Christ,
10 our Saviour and Lord. We feel convinced that the thing
11 people need to hear today is that God loves them. And
12 has many wonderful blessings to bestow on them, if only
13 they will come. We were introduced unto our faith, our
14 Bible, our homes and to our friendship. We have,
15 moreover, something very precious in our society. We
16 have our own Christian young people who would be willing
17 to play their part in introducing others less fortunate
18 than they to the wonders of spiritual living as it is in
19 Christ. Thank you.

20 THE CHAIRMAN: Thank you, Mrs. Evans.

21 What do you feel has happened so far to the influence
22 of the churches and religious beliefs on our lives?
23 What do you feel has been the relationship to this,
24 the development of these ---

25 MRS. EVANS: Well I think there has been
26 a failure in religious communication. Many people have
27 forgotten Christianity, and we just --- we feel ourselves
28 that the church has been sidetracked to the extent that
29 it has been persecuted and talked against and down-
30 graded. And I'm here today to say that the church is

1 MRS. EVANS: I'm not trying to force
2 anything --- any law on the Christians. I merely try
3 on people, I merely try to bring it to their attention,
4 to remind them, because I feel that that is really what
5 has happened and what has gone wrong, so to speak.

6 DR. LEHMANN: I notice that you agree
7 that --- with the recommendation of the interim report
8 that the young person who is arrested for possessing
9 drugs should not be sent to prison. But then you make
10 a recommendation, "a young person who is convicted of
11 drug taking would be expected to participate in dialogue
12 as to derive medi-
tational experiences. It is my firm conviction that if
13 these young offenders were to live with Christian people
14 in their homes for a year, they would catch Christianity
15 and be changed." How would one find the number of
16 necessary homes, Christian homes where people could be,
17 as you say, expected, but really coerced to meditate and
18 catch Christianity?

19 MRS. EVANS: Well, you must understand
20 that there would be homes and you would have to take an
21 experimental group to begin with, wouldn't you? But
22 there would be homes in Toronto, of Christian people
23 who would be willing --- would be happy I should say,
24 to help these young people, and give them a new
25 conception of life. To impart our joy and our happiness,
26 and our comprehension of life too, and to take them away
27 from that need, even to think of drugs. To be born
28 again, if you like. To be made over anew. Because I
29 know other people --- there are many drug addicts who
30 have been born again through the Christian experience.

1 And why couldn't we go on doing that work?

2 DR. LEHMANN: And you feel there would
3 be enough families to take care of all those arrested
4 for drug taking?

5 MRS. EVANS: Well, I am sure that there
6 would be a great wealth of warmth, and friendship shown
7 towards these young people, because we feel very, very
8 bad about these young people being reduced to this
9 situation. And we have a message, and we feel we must
10 do this in the name of Christ.

11 THE CHAIRMAN: Mrs. Evans, you
12 make a statement --- general statement in your brief
13 about drug use. You say it's thoroughly wrong and evil,
14 and it not only affects the body but the mind and soul.
15 Are you opposed to drug use of any kind? Non-medical
16 drug use of any kind?

17 MRS. EVANS: Yes, I am.

18 THE CHAIRMAN: All of them?

19 MRS. EVANS: All of them. Because it is
20 not a necessary part of our lives. We don't need them.

21 THE CHAIRMAN: You include alcohol in
22 that?

23 MRS. EVANS: Yes, yes.

24 DR. LEHMANN: Would you include coffee?

25 MRS. EVANS: Well ---

26 THE CHAIRMAN: I daren't ask you if you
27 would include tea?

28 MRS. EVANS: Well you know, I don't drink
29 coffee or tea but I don't mind other people doing it
30 because it isn't an intoxicant, is it?

1 THE CHAIRMAN: Well you know --- all
2 right Doctor.

3 DR. LEHMANN: No, it is a very powerful
4 stimulant. It's a mind altering drug, it's not an
5 intoxicant though.

6 MRS. EVANS: Nobody would drink coffee
7 in quantities. We are warned not to, aren't we? From
8 a health point of view. Doctors are not in favour of
9 much coffee drinking.

10 THE CHAIRMAN: Do you have any views,
11 Mrs. Evans, on the conditions of life today that are
12 constantly brought before us in testimony, as the
13 matters --- the problems of which drug use is merely
14 a symptom? Many, many people spoke --- maybe if you
15 were here earlier today you heard some of it. There is,
16 you know, a concern and there has been in some cases of
17 certain aspects. Do you have any views on these problems,
18 these social problems? Do you have any commentary on
19 that in perspective?

20 MRS. EVANS: Well I feel one of the worst
21 things that's happened to our society is that everyone
22 is so disconnected. It's so impersonal. There's an
23 impersonality hanging over life. A sense of unreality.
24 And I feel that this is partly because we are drifting
25 away from God. Now prayer, to my mind, is one of
26 the greatest forces in actually introducing us to God.
27 And if we could only make people pray, if we could only
28 introduce them by word of mouth to pray --- I notice
29 that drug people are saying that drugs are good, and
30 passing it on by word of mouth. And the Christians should

1 do the same thing.

2 MISS BERTRAND: Do you think we are
3 actually witnessing a religious revival in this society,
4 in this Canadian society, or whatever society?

5 MRS. EVANS: Well, when I look at the
6 world I feel it's in reverse. I feel that we are coming
7 back into another dark ages. I mean, there are so many
8 unhappy things happening. I mean --- you can't just
9 look at what's happening with this drug situation, and
10 the alcoholism and the social evils under which we have
11 grown. without asking ourselves where is the cure for
12 all this. And I say, I am here to direct people back
13 to God. I think there should be a great recall to
14 religion. And we should stop downgrading Christianity
15 and start thinking about it, studying it and seeing what
16 it has to say to us.

17 MISS BERTRAND: Yet tell me, you would
18 admit at this moment, at this particular history, say,
19 religion may be --- has not much to offer, actively
20 offer to youngsters who are looking for, say, something
21 different than our economical striving for good and
22 things like that? Would you agree with that?

23 MRS. EVANS: Well, really I think
24 Christianity has everything to offer. You said just now,
25 I think I heard you right, has religion much to offer
26 these young people? Was I right? Did you say that?

27 MISS BERTRAND: Well, what I was saying
28 in fact is that I think that our churches do not actively
29 offer something which is considered a value to youngsters,
30 in fact.

1 MRS. EVANS: Well, as I see the situation
2 from inside, I think the church has everything to offer
3 from a spiritual standpoint, and if their lines of
4 communication are breaking down between us, surely they
5 can be set right. We will do whatever we can. We have
6 our own group, I mean we have our own young people. They
7 love what we love, and because we worked with some of
8 the young people who were growing up in the right way,
9 why can't we influence all the young people and have
10 a spiritual revival? We feel we have the gospel within
11 us, but we wish the world to listen to our claims. And
12 if we could only be given the floor, you might say, for
13 a time, we would show you what we could do.

14 MR. STEIN: Could you give me an indica-
15 tion, when you referred a number of times to "we," are
16 you referring to any particular church? In other words,
17 are you making a pitch for God in a general sense. It
18 doesn't matter if it is the Christian God or Hindu God or
19 a Jewish God, or are you saying some particular group
20 with which you are affiliated?

21 MRS. EVANS: I am thinking from the
22 Christian point of view. I am a Christian. I am
23 thinking of Jesus Christ as he is preached in the churches
24 of this country.

25 MR. STEIN: Any Christian church?

26 MRS. EVANS: Yes, any Christian church.
27 We are all engaged in the same work, and we should be
28 one. I happen to be a United Church woman, but I love
29 all the other churches. I think they are very wonderful.
30 I think they are trying to do their bit, and are having

1 a hard time.

2 THE CHAIRMAN: Are there any other
3 questions?

4 THE PUBLIC: You just mentioned if only
5 you could be given the floor, if Christian churches
6 could be given the floor then they would have a chance
7 actively
8 to/offer something to young people. I would just like
9 to say hasn't the Christian church been given the floor
10 for 2,000 years, and you know, what is preventing --- I
11 don't think there's anything preventing Christian
12 churches from actively offering anything to young
13 people. It seems to me that what they have to offer
14 now, young people just don't respond to. It seems to
15 me you have to talk in different terms than "Jesus Christ
16 is here to save you."

17 MRS. EVANS: Well I understand my
18 terminology is old fashioned, but believe me there are
19 groups in this City who do speak your language, and are
20 Christian groups. I am thinking of the Metropolitan
21 United Church. They have groups there
22 and they will speak your language and I don't think there
23 is all of that difference between us in the language, not
24 really, because if we have the outgoing spirit and the
25 warmth, I think you would understand. You know sometimes
26 people have said to me, "Good morning" and I have known
27 that that person is a Christian by the way he has said
it. Do you see what I mean?

28 THE PUBLIC: I can understand that, but
29 I don't see why, you know, why can't you be a Christian
30 and use drugs too? I don't see what is so contradictory

about the two things. You know, if you were listening to the brief that was given before, and you know, you said drugs do these terrible things to young people. Now it seems to me, I shouldn't say it is pretty obvious, but in a great many cases the problem is not drugs, there are other things, and I don't see why, using your Christian perspective, that make you say drugs must be outlawed.

MRS. EVANS: Well I conceded that Christianity and drugs are mutually **exclusive**, and if you are going to be a Christian, I think you would realize it. Perhaps it's something that doesn't appeal to you now, but it would do if you were a Christian you would see that you couldn't use them. And another thing, I agree with you that people have problems that take drugs. And that they should deal with the problems first of all, and then they wouldn't have to go to drugs at all. It wouldn't be required.

THE PUBLIC: I will just say I have had
a Christian upbringing, and I am not accepting what
my upbringing did, I can't see in my Christian upbringing
really that that and drugs are exclusive.

MRS. EVANS: Well you can have everything
The most wonderful experiences, you can have a deep
through
sense of reality, and an awareness of God / the ordinary
channels the church has to offer. That is the first
thing, praying every day. And the Bible reading, by
worship, by loving all good and beautiful things you
will soon be on another level. You will say what a
thrill life is. And you wouldn't want drugs, you

1 wouldn't look at it, it would be so meaningless when you
2 have so much to live for as a Christian.

3 THE PUBLIC: I would like to say it
4 seems to me that you seem to think all these young
5 people sit around and do drugs all day. But the fact
6 of the matter is, there is a whole new culture, and
7 they are returning to religion, but it's not your
8 type. They don't believe in going to church and praying.
9 mysticism,
They believe in the older forms,/and the returning
10 to nature. People are going out and building communes.
11 They are practicing the religion you preach but don't
12 practise.

13 MRS. EVANS: Well I would like to say that
14 if drugs have to be used to induce that kind of a
15 feeling, it is a phony experience. Why do that? You
16 think you have reality, or these people think they have
17 reality, but they haven't. They have to keep on taking
18 the drugs to get these feelings, and in the end it
19 could be a blind alley, they'll wake up and find
20 themselves in ashes. Whereas the Christian is not
21 beguiled at the very start. He has reality. He has
22 the living Lord to communicate with, and he knows through
23 the power of prayer, prayer is one of the ordained
24 means by which we know God, and I can only say to you,
25 try it if you haven't tried it. And you will find out
26 that I am right.

27 THE PUBLIC: People have a different
28 concept of reality and you are refusing to accept their
29 reality.

30 MRS. EVANS: Well some of your reality,

1 or drug reality leads to 999 Queen Street, and freak
2 outs.

3 THE PUBLIC: Well so do some of your
4 realities. Don't you think people went crazy before
5 drugs?

6 MRS. EVANS: Well Christianity never
7 sent them crazy. Christianity is spiritual healing. It
8 heals people. Many people have been healed by God
9 through prayer. Perhaps you don't know about spiritual
10 healing at all. But if you were to investigate it, you
11 would find it is one of the greatest powers in the
12 world today. You see, there is such a thing as psycho-
13 somatic illnesses. You have mind problems up here
14 that affect the body, and when we cure the mind, the
15 body is healed. And we cure the mind God's way, and
16 we are never unhealed.

17 THE CHAIRMAN: Thank you, Mrs. Evans.

18 MRS. EVANS: Thank you.

19 THE CHAIRMAN: Well it is twenty past
20 six. Mr. Reeves, you have the last submission of the
21 night?

22 MR. REEVES: That's very gracious of you
23 Mr. Chairman. I am David Reeves and I say it's very
24 gracious of you to allow me to speak. I represent
25 Alcoholic and Drug Concerns and Grass Roots Youth
26 Organization, Toc Alpha in the Province of Ontario. It
27 is a temptation to continue the dialogue which has just
28 gone on before, because I believe that within the
29 organization of Toc Alpha perhaps in a different key ,
30 there is exploration of the spiritual awareness, the

1 value of meditation, perhaps the Commission is aware of
2 the Students International Meditation Society, where
3 studies have been made in terms of the value of meditation
4 to give people the same kind of experience as hallucinogenic
5 drugs. We in Toc Alpha are experimenting with what we
6 call awareness sessions, where the young people are
7 given highs through the sensitivity type activity
8 process. The young people in Toc Alpha are delegates
9 from church groups and high school councils who have
10 talked with us through the year.

11 I wanted to commend the Commission in
12 its fine work and to note particularly the fact that
13 you have said clearly in your report that alcohol is
14 a drug and that alcohol is the major problem created in
15 the terms of drug abuse. Now many Canadians find it
16 difficult to accept this because the beverage alcohol
17 is their drug of choice. We as an organization which
18 has emphasized over the years the problems relating to
19 alcohol, appreciate the Commission being clear in its
20 statement about this. Earlier today I have heard the
21 hope that your recommendation, that through educational
22 enlightenment we might move away from drug abuse
23 problems, and that there would be a normal scene in
24 term of drug use. However, this raises the question as
25 in the case of alcohol, where there has been an attempt
26 through an increasingly relaxed legislation, a hope for
27 a kind of enlightened normalcy of use. Yet we see
28 our Government having to enact a breathalizer law. I
29 think it is Utopian to think that we can simply hope
30 for educational enlightenment, although this is the basis

1 of our preventive education programme among youth. Still
2 I would support the Commission in the view that we do need
3 legislation. If there is going to be a relaxation of
4 laws, then there must also go with it a removal of any
5 desire for profit on the basis of those who create the
6 product. Whether this be alcohol or whether it be
7 marijuana, or whether it be the pharmaceutical firms who
8 are producing, or over producing as you have mentioned,
9 the various types of pills and drugs. I want to go on
10 from that point to mention and support the Addiction
11 Research Foundation in Ontario in their summary of your
12 report. They make the statement, "advertising in the
13 mass media must be investigated as a significant
14 influence in our society's acceptance of the chemical
15 solution to our problems". I feel that this is an im-
16 portant point to make about the interim report.

17 I was very pleased with the report in
18 total, but I felt there was a lack here in the recognition
19 of the role of advertising in creating a desire and a
20 market. This certainly is the case in alcohol. This is
21 the case with the tobacco manufacturers, and now the
22 Government is moving in to curtail cigarette advertising,
23 there is a fear on my part that there will be education,
24 not only on our so called youth drug culture, which in
25 many ways I can support in their probings. As the young
26 chap just mentioned, there is a good desire for a
27 spiritual reality of life. I am more fearful of the
28 profit motive of tobacco manufacturers and if there
29 should be any interest in legalization, say, of
30 marijuana, I think the Commission should be very much

1 aware that there will be tremendous pressures from large
2 tobacco firms. The Governor of California made an
3 earlier statement that six tobacco manufacturers in the
4 United States have already registered names for
5 marijuana. Speaking to a Toronto businessman here, he
6 supported this viewpoint in terms of the Canadian
7 scene, that what is good for Imperial Tobacco Company
8 is good for Canada. And there will be a tremendous
9 lobbying pressure on our Government by the profit motive
10 interests of tobacco firms losing their cigarette market
11 and desiring to enter into this. Therefore, if
12 legalization; under those terms? I would say it would
13 be my hope that it would be the removal or the escalation
14 of tremendous advertising force of beverage alcohol,
15 and no possibility of any profit motive from any
16 legalization in the future would be one of the most
17 important facets here.

18 I can further observe that our
19 organization is one of the kinds of organization that
20 has an integration of adult and youth. We have 42,000
21 subscribers to our organization here in Ontario. We
22 have a youth conference at Niagara Falls each Christmas
23 Season, where we turn down a large number of applicants,
24 and always have over 600 young people there. They meet
25 to study drug and alcohol problems through the guidance
26 of experts. Their executive is integrated with our
27 executive. We believe that here in this province at
28 least, we are developing innovative programmes, with
29 the cooperation of young people, and adults together,
30 and we are going to present a brief, and will enlarge

1 upon this. Thank you.

2 THE CHAIRMAN: Thank you very much,
3 Mr. Reeves. Are there any questions or comments?

4 Thank you, we will look forward to
5 receiving your brief.

6 We will adjourn this hearing now until
7 8:00 p.m. tonight. And I will just read the list of
8 schedules submissions for tonight. At 8:00 p.m., Mr.
9 Douglas Jure, President of the Ontario Progressive
10 Conservative Students Association. At 8:30 Dr. Saul
11 Levine, Staff Psychiatrist, Hospital for Sick Children.
12 At 8:45, Mr. Alexander McAlister, at 9:00 Information
13 Troup. Was there another one? And the National
14 Federation of Home and School, Parent Teacher Federation.

15 Thank you. We will now adjourn.

16 ---Upon adjourning.

